Biennial Budget Request 2003-2005

Wisconsin Department of Health and Family Services

November 15, 2002

http://www.dhfs.state.wi.us/aboutDHFS/index.htm

November 15, 2002

The Honorable Scott McCallum
Governor
Room 115 East, State Capitol
Madison, WI 53702

Dear Governor McCallum:

I am pleased to submit the Department of Health and Family Services' complete 2003-05 biennial budget request. This document replaces the Department's October 11 budget submission, which included only reestimates of caseload-based programs. The enclosed document includes these reestimates and policy items supported by the Department.

This document conforms to instructions provided by the Department of Administration. Per DOA instructions, certain Department program reestimates are exempt from the GPR targets. With respect to items subject to the target, the Department is submitting a budget request with no net GPR increase. The attached budget request includes information on performance measurements and federal grants as required by the Department of Administration.

The policy items submitted by the Department in this request:

- Improve Dental Health: The budget measures improve access to dental services, including preventative measures, for traditionally under-served populations, particularly Medicaid clients and uninsured individuals.

- Strengthen Long Term Community Care: The budget request strengthens and expands community care resources to address the need for and interest in community care for older people and people with disabilities as a more cost-effective and preferable alternative to institutional care.

- Improve Quality, Access, and Cost-Effectiveness of Health Care Services: The budget proposals provide cost-effective, well-coordinated, and high quality health care to Wisconsin citizens. As part of this effort the budget request expands managed care delivery systems to MA client groups currently served under the fee-for-service system, such as SSI individuals with disabilities and foster care children.

- Improve Health Care for Children with Disabilities: The budget redesigns the current systems to reduce complexity and fragmentation and improve access and quality of services and supports for children with disabilities and their families.

- Preserve Federal Revenue: The budget measures avoid losing federal revenue or incurring federal penalties by implementing federally required corrective plans in areas where the state is out of compliance with federal standards and by implementing measures to meet new federal requirements.

- Strengthen Sound Fiscal Management Policies: The budget measures use state fiscal resources wisely by pursuing measures that are prudent purchasing strategies for the state.

- Achieve Administrative Simplification and Program Management Improvements: The budget includes measures that reduce or eliminate administrative workload and enhance the Department's ability to administer its programs efficiently and effectively.

In sum, the Department's 03-05 biennial budget request represents a responsible use of public funds and addresses the health and social needs of the individuals, families, and communities of Wisconsin.

Sincerely,

Phyllis J. Dubé
Secretary

Cc: George Lightbourn, DOA
Bob Lang, LFB

B 7 BY PROGRAM 435 Health and Family Services

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Program:

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	1,985,719,000	1,975,730,400	2,208,549,600	2,433,634,000	3,951,460,800	4,642,183,600	690,722,800	17.5%
b) State Operations	205,854,800	210,021,200	223,223,200	227,949,600	420,042,400	451,172,800	31,130,400	7.4%
c) Local Assistance	405,987,100	363,892,100	359,523,300	361,130,100	727,784,200	720,653,400	(7,130,800)	-1.0%
d) Aids to Ind. & Org.	1,373,877,100	1,401,817,100	1,625,803,100	1,844,554,300	2,803,634,200	3,470,357,400	666,723,200	23.8%
e) Position FTE		2,224.20	2,283.95	2,283.95				
Federal Revenue								
a) Total	2,731,139,500	2,811,658,600	3,464,119,600	3,628,637,400	5,623,317,200	7,092,757,000	1,469,439,800	26.1%
b) State Operations	154,883,100	154,138,200	188,325,000	180,481,200	308,276,400	368,806,200	60,529,800	19.6%
c) Local Assistance	152,207,900	162,396,800	169,856,800	165,442,400	324,793,600	335,299,200	10,505,600	3.2%
d) Aids to Ind. & Org.	2,424,048,600	2,495,123,600	3,105,937,800	3,282,713,800	4,990,247,200	6,388,651,600	1,398,404,400	28.0%
e) Position FTE		1,100.93	1,098.58	1,095.70				
Program Revenue								
a) Total	223,973,100	224,000,500	279,944,900	289,794,800	448,001,000	569,739,700	121,738,700	27.2%
b) State Operations	188,259,500	192,049,400	197,107,000	198,529,000	384,098,800	395,636,000	11,537,200	3.0%
c) Local Assistance	1,935,300	2,708,400	2,612,400	2,835,600	5,416,800	5,448,000	31,200	0.6%
d) Aids to Ind. & Org.	33,778,400	29,242,700	80,225,500	88,430,200	58,485,400	168,655,700	110,170,300	188.4%
e) Position FTE		3,046.31	3,000.07	3,001.95				
Program Revenue Service								
a) Total	1,134,340,200	148,443,500	152,574,000	153,961,300	296,887,000	306,535,300	9,648,300	3.2%
b) State Operations	61,412,400	68,794,200	64,019,900	66,179,600	137,588,400	130,199,500	(7,388,900)	-5.4%
c) Local Assistance	29,174,100	28,918,300	28,253,400	28,384,000	57,836,600	56,637,400	(1,199,200)	-2.1%
d) Aids to Ind. & Org.	1,043,753,800	50,731,000	60,300,700	59,397,700	101,462,000	119,698,400	18,236,400	18.0%
e) Position FTE		411.44	375.43	375.43				
Segregated Revenue								
a) Total	74,560,600	385,995,500	460,517,800	417,940,500	771,991,000	878,458,300	106,467,300	13.8%
b) State Operations	4,837,400	5,321,900	5,847,200	6,380,900	10,643,800	12,228,100	1,584,300	14.9%
d) Aids to Ind. & Org.	69,723,200	380,673,600	454,670,600	411,559,600	761,347,200	866,230,200	104,883,000	13.8%
e) Position FTE		8.00	9.00	9.00				
Total								
a) Total	6,149,732,500	5,545,828,500	6,565,705,900	6,923,968,000	11,091,657,000	13,489,673,900	2,398,016,900	21.6%
b) State Operations	615,247,100	630,324,900	678,522,300	679,520,300	1,260,649,800	1,358,042,600	97,392,800	7.7%
c) Local Assistance	589,304,400	557,915,600	560,245,900	557,792,100	1,115,831,200	1,118,038,000	2,206,800	0.2%
d) Aids to Ind. & Org.	4,945,181,000	4,357,588,000	5,326,937,700	5,686,655,600	8,715,176,000	11,013,593,300	2,298,417,300	26.4%
e) Position FTE		6,790.88	6,767.03	6,766.03				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 01 DPH (Ops)

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	5,267,500	5,454,500	5,262,900	5,270,800	10,909,000	10,533,700	(375,300)	-3.4%
b) State Operations	5,267,500	5,454,500	5,262,900	5,270,800	10,909,000	10,533,700	(375,300)	-3.4%
e) Position FTE		51.45	51.45	51.45				
Federal Revenue								
a) Total	26,061,700	23,931,500	28,241,300	28,081,700	47,863,000	56,323,000	8,460,000	17.7%
b) State Operations	26,061,700	23,931,500	28,241,300	28,081,700	47,863,000	56,323,000	8,460,000	17.7%
e) Position FTE		250.66	250.66	249.66				
Program Revenue								
a) Total	5,508,200	6,864,500	6,311,500	6,617,400	13,729,000	12,928,900	(800,100)	-5.8%
b) State Operations	5,508,200	6,864,500	6,311,500	6,617,400	13,729,000	12,928,900	(800,100)	-5.8%
e) Position FTE		82.80	82.55	82.55				
Program Revenue Service								
a) Total	3,439,700	1,436,800	3,548,400	3,551,200	2,873,600	7,099,600	4,226,000	147.1%
b) State Operations	3,439,700	1,436,800	3,548,400	3,551,200	2,873,600	7,099,600	4,226,000	147.1%
e) Position FTE		19.50	19.50	19.50				
Segregated Revenue								
a) Total	387,100	387,200	395,400	395,900	774,400	791,300	16,900	2.2%
b) State Operations	387,100	387,200	395,400	395,900	774,400	791,300	16,900	2.2%
e) Position FTE		3.50	3.50	3.50				
Total								
a) Total	40,664,300	38,074,500	43,759,500	43,917,000	76,149,000	87,676,500	11,527,500	15.1%
b) State Operations	40,664,300	38,074,500	43,759,500	43,917,000	76,149,000	87,676,500	11,527,500	15.1%
e) Position FTE		407.91	407.66	406.66				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 02 DCTF

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	114,068,700	115,224,200	125,823,100	128,182,600	230,448,400	254,005,700	23,557,300	10.2%
b) State Operations	109,258,900	109,997,400	118,581,700	119,428,800	219,994,800	238,010,500	18,015,700	8.2%
c) Local Assistance	4,809,900	5,226,800	7,241,400	8,753,800	10,453,600	15,995,200	5,541,600	53.0%
e) Position FTE		1,552.87	1,606.30	1,606.30				
Program Revenue								
a) Total	168,847,900	169,778,000	172,265,500	172,694,300	339,556,000	344,959,800	5,403,800	1.6%
b) State Operations	168,847,900	169,778,000	172,265,500	172,694,300	339,556,000	344,959,800	5,403,800	1.6%
e) Position FTE		2,845.05	2,789.38	2,789.38				
Program Revenue Service								
a) Total	6,543,700	7,076,800	4,362,200	4,425,400	14,153,600	8,787,600	(5,366,000)	-37.9%
b) State Operations	6,543,700	7,076,800	4,362,200	4,425,400	14,153,600	8,787,600	(5,366,000)	-37.9%
e) Position FTE		121.48	67.10	67.10				
Total								
a) Total	289,460,300	292,079,000	302,450,800	305,302,300	584,158,000	607,753,100	23,595,100	4.0%
b) State Operations	284,650,400	286,852,200	295,209,400	296,548,500	573,704,400	591,757,900	18,053,500	3.1%
c) Local Assistance	4,809,900	5,226,800	7,241,400	8,753,800	10,453,600	15,995,200	5,541,600	53.0%
e) Position FTE		4,519.40	4,462.78	4,462.78				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 03 DCFS

SOURCE OF FUNDS	Annual Summary: Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Biennial Summary: Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	94,505,400	94,285,200	103,906,200	111,013,200	188,570,400	214,919,400	26,349,000	14.0%
b) State Operations	18,556,400	17,619,400	19,004,300	22,139,300	35,238,800	41,143,600	5,904,800	16.8%
c) Local Assistance	1,910,900	1,897,900	1,897,900	1,897,900	3,795,800	3,795,800		0.0%
d) Aids to Ind. & Org.	74,038,100	74,767,900	83,004,000	86,976,000	149,535,800	169,980,000	20,444,200	13.7%
e) Position FTE		164.05	167.23	167.23				
Federal Revenue								
a) Total	103,813,200	87,750,000	101,394,500	99,434,200	175,500,000	200,828,700	25,328,700	14.4%
b) State Operations	17,387,000	15,837,400	19,153,600	18,882,300	31,674,800	38,035,900	6,361,100	20.1%
c) Local Assistance	17,046,400	10,495,300	18,124,800	13,374,800	20,990,600	31,499,600	10,509,000	50.1%
d) Aids to Ind. & Org.	69,379,800	61,417,300	64,116,100	67,177,100	122,834,600	131,293,200	8,458,600	6.9%
e) Position FTE		109.35	103.67	103.67				
Program Revenue								
a) Total	5,131,100	5,660,100	6,341,300	6,577,800	11,320,200	12,919,100	1,598,900	14.1%
b) State Operations	821,000	709,400	878,900	892,200	1,418,800	1,771,100	352,300	24.8%
c) Local Assistance	922,600	1,593,400	1,497,400	1,720,600	3,186,800	3,218,000	31,200	1.0%
d) Aids to Ind. & Org.	3,387,500	3,357,300	3,965,000	3,965,000	6,714,600	7,930,000	1,215,400	18.1%
e) Position FTE		11.29	14.29	14.29				
Program Revenue Service								
a) Total	76,730,800	64,384,500	65,438,700	65,500,200	128,769,000	130,938,900	2,169,900	1.7%
b) State Operations	13,398,100	14,362,300	16,113,400	16,174,900	28,724,600	32,288,300	3,563,700	12.4%
c) Local Assistance	23,934,200	24,662,000	23,965,100	23,965,100	49,324,000	47,930,200	(1,393,800)	-2.8%
d) Aids to Ind. & Org.	39,398,400	25,360,200	25,360,200	25,360,200	50,720,400	50,720,400		0.0%
e) Position FTE		72.86	74.86	74.86				
Total								
a) Total	280,180,500	252,079,800	277,080,700	282,525,400	504,159,600	559,606,100	55,446,500	11.0%
b) State Operations	50,162,500	48,528,500	55,150,200	58,088,700	97,057,000	113,238,900	16,181,900	16.7%
c) Local Assistance	43,814,200	38,648,600	45,485,200	40,958,400	77,297,200	86,443,600	9,146,400	11.8%
d) Aids to Ind. & Org.	186,203,800	164,902,700	176,445,300	183,478,300	329,805,400	359,923,600	30,118,200	9.1%
e) Position FTE		357.55	360.05	360.05				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 04 DHCF

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	1,195,113,000	1,248,255,100	1,470,295,800	1,684,892,300	2,496,510,200	3,155,188,100	658,677,900	26.4%
b) State Operations	39,237,900	44,887,400	47,914,800	48,637,700	89,774,800	96,552,500	6,777,700	7.5%
c) Local Assistance	19,794,300	38,696,500	42,707,600	42,802,000	77,393,000	85,509,600	8,116,600	10.5%
d) Aids to Ind. & Org.	1,136,080,800	1,164,671,200	1,379,673,400	1,593,452,600	2,329,342,400	2,973,126,000	643,783,600	27.6%
e) Position FTE		137.59	137.42	137.42				
Federal Revenue								
a) Total	2,312,838,200	2,455,658,700	3,045,820,800	3,217,411,600	4,911,317,400	6,263,232,400	1,351,915,000	27.5%
b) State Operations	80,328,900	83,468,200	97,374,900	95,451,100	166,936,400	192,826,000	25,889,600	15.5%
c) Local Assistance	25,576,800	52,832,700	52,832,700	52,832,700	105,665,400	105,665,400		0.0%
d) Aids to Ind. & Org.	2,206,932,600	2,319,357,800	2,895,613,200	3,069,127,800	4,638,715,600	5,964,741,000	1,326,025,400	28.6%
e) Position FTE		425.61	423.23	422.23				
Program Revenue								
a) Total	33,023,600	33,233,800	85,533,400	93,981,600	66,467,600	179,515,000	113,047,400	170.1%
b) State Operations	5,111,200	9,277,700	11,202,200	11,445,700	18,555,400	22,647,900	4,092,500	22.1%
d) Aids to Ind. & Org.	27,912,400	23,956,100	74,331,200	82,535,900	47,912,200	156,867,100	108,954,900	227.4%
e) Position FTE		57.66	59.34	59.34				
Program Revenue Service								
a) Total	974,301,300	2,856,200	4,889,100	5,129,500	5,712,400	10,018,600	4,306,200	75.4%
b) State Operations	1,739,800	986,200	2,397,300	2,641,900	1,972,400	5,039,200	3,066,800	155.5%
c) Local Assistance	867,600	800,000	1,201,300	1,186,100	1,600,000	2,387,400	787,400	49.2%
d) Aids to Ind. & Org.	971,694,000	1,070,000	1,290,500	1,301,500	2,140,000	2,592,000	452,000	21.1%
e) Position FTE		5.73	10.10	10.10				
Segregated Revenue								
a) Total	74,173,500	385,608,300	460,122,400	417,544,600	771,216,600	877,667,000	106,450,400	13.8%
b) State Operations	4,450,300	4,934,700	5,451,800	5,985,000	9,869,400	11,436,800	1,567,400	15.9%
d) Aids to Ind. & Org.	69,723,200	380,673,600	454,670,600	411,559,600	761,347,200	866,230,200	104,883,000	13.8%
e) Position FTE		4.50	5.50	5.50				
Total								
a) Total	4,589,449,600	4,125,612,100	5,066,661,500	5,418,959,600	8,251,224,200	10,485,621,100	2,234,396,900	27.1%
b) State Operations	130,868,000	143,554,200	164,341,000	164,161,400	287,108,400	328,502,400	41,394,000	14.4%
c) Local Assistance	46,238,600	92,329,200	96,741,600	96,820,800	184,658,400	193,562,400	8,904,000	4.8%
d) Aids to Ind. & Org.	4,412,343,000	3,889,728,700	4,805,578,900	5,157,977,400	7,779,457,400	9,963,556,300	2,184,098,900	28.1%
e) Position FTE		631.09	635.59	634.59				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 05 DPH (Aids/LA)

SOURCE OF FUNDS	Annual Summary: Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Biennial Summary: Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	22,459,300	20,200,300	20,998,000	21,998,000	40,400,600	42,996,000	2,595,400	6.4%
c) Local Assistance	662,500	424,600	424,600	424,600	849,200	849,200		0.0%
d) Aids to Ind. & Org.	21,796,800	19,775,700	20,573,400	21,573,400	39,551,400	42,146,800	2,595,400	6.6%
e) Position FTE								
Federal Revenue								
a) Total	94,365,300	69,614,500	98,345,100	98,345,100	139,229,000	196,690,200	57,461,200	41.3%
d) Aids to Ind. & Org.	94,365,300	69,614,500	98,345,100	98,345,100	139,229,000	196,690,200	57,461,200	41.3%
e) Position FTE								
Program Revenue								
a) Total	2,478,400	1,929,300	1,929,300	1,929,300	3,858,600	3,858,600		0.0%
d) Aids to Ind. & Org.	2,478,400	1,929,300	1,929,300	1,929,300	3,858,600	3,858,600		0.0%
e) Position FTE								
Program Revenue Service								
a) Total	11,866,600	3,021,100	11,570,000	11,570,000	6,042,200	23,140,000	17,097,800	283.0%
c) Local Assistance	3,114,700	234,100			468,200		(468,200)	-100.0%
d) Aids to Ind. & Org.	8,752,000	2,787,000	11,570,000	11,570,000	5,574,000	23,140,000	17,566,000	315.1%
e) Position FTE								
Total								
a) Total	131,169,600	94,765,200	132,842,400	133,842,400	189,530,400	266,684,800	77,154,400	40.7%
c) Local Assistance	3,777,100	658,700	424,600	424,600	1,317,400	849,200	(468,200)	-35.5%
d) Aids to Ind. & Org.	127,392,500	94,106,500	132,417,800	133,417,800	188,213,000	265,835,600	77,622,600	41.2%
e) Position FTE								

B 7 BY PROGRAM 435 Health and Family Services

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Program: 06 DSL (Ops)

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	15,178,400	14,617,000	14,557,500	14,566,300	29,234,000	29,123,800	(110,200)	-0.4%
b) State Operations	15,178,400	14,617,000	14,557,500	14,566,300	29,234,000	29,123,800	(110,200)	-0.4%
e) Position FTE		148.28	151.16	151.16				
Federal Revenue								
a) Total	20,981,400	23,189,800	25,965,700	25,356,000	46,379,600	51,321,700	4,942,100	10.7%
b) State Operations	20,981,400	23,189,800	25,965,700	25,356,000	46,379,600	51,321,700	4,942,100	10.7%
e) Position FTE		245.51	247.64	246.76				
Program Revenue								
a) Total	7,589,700	5,219,300	6,038,400	6,462,700	10,438,600	12,501,100	2,062,500	19.8%
b) State Operations	7,589,700	5,219,300	6,038,400	6,462,700	10,438,600	12,501,100	2,062,500	19.8%
e) Position FTE		49.51	54.51	56.39				
Program Revenue Service								
a) Total	4,813,400	1,639,900	2,279,200	2,272,800	3,279,800	4,552,000	1,272,200	38.8%
b) State Operations	4,813,400	1,639,900	2,279,200	2,272,800	3,279,800	4,552,000	1,272,200	38.8%
e) Position FTE		15.11	15.11	15.11				
Total								
a) Total	48,563,000	44,666,000	48,840,800	48,657,800	89,332,000	97,498,600	8,166,600	9.1%
b) State Operations	48,563,000	44,666,000	48,840,800	48,657,800	89,332,000	97,498,600	8,166,600	9.1%
e) Position FTE		458.41	468.42	469.42				

B 7 BY PROGRAM 435 Health and Family Services

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Program: 07 DSL (Aids/LA)

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	520,770,900	460,248,600	449,804,100	449,804,100	920,497,200	899,608,200	(20,889,000)	-2.3%
c) Local Assistance	378,809,600	317,646,300	307,251,800	307,251,800	635,292,600	614,503,600	(20,789,000)	-3.3%
d) Aids to Ind. & Org.	141,961,300	142,602,300	142,552,300	142,552,300	285,204,600	285,104,600	(100,000)	0.0%
e) Position FTE								
Federal Revenue								
a) Total	162,955,700	143,802,800	146,762,700	147,298,700	287,605,600	294,061,400	6,455,800	2.2%
c) Local Assistance	109,584,700	99,068,800	98,899,300	99,234,900	198,137,600	198,134,200	(3,400)	0.0%
d) Aids to Ind. & Org.	53,371,000	44,734,000	47,863,400	48,063,800	89,468,000	95,927,200	6,459,200	7.2%
e) Position FTE								
Program Revenue								
a) Total	1,012,700	1,115,000	1,115,000	1,115,000	2,230,000	2,230,000		0.0%
c) Local Assistance	1,012,700	1,115,000	1,115,000	1,115,000	2,230,000	2,230,000		0.0%
e) Position FTE								
Program Revenue Service								
a) Total	25,173,100	25,236,000	25,667,000	24,898,800	50,472,000	50,565,800	93,800	0.2%
b) State Operations	493,600	500,000	500,000	500,000	1,000,000	1,000,000		0.0%
c) Local Assistance	1,257,600	3,222,200	3,087,000	3,232,800	6,444,400	6,319,800	(124,600)	-1.9%
d) Aids to Ind. & Org.	23,421,900	21,513,800	22,080,000	21,166,000	43,027,600	43,246,000	218,400	0.5%
e) Position FTE								
Total								
a) Total	709,912,400	630,402,400	623,348,800	623,116,600	1,260,804,800	1,246,465,400	(14,339,400)	-1.1%
b) State Operations	493,600	500,000	500,000	500,000	1,000,000	1,000,000		0.0%
c) Local Assistance	490,664,600	421,052,300	410,353,100	410,834,500	842,104,600	821,187,600	(20,917,000)	-2.5%
d) Aids to Ind. & Org.	218,754,200	208,850,100	212,495,700	211,782,100	417,700,200	424,277,800	6,577,600	1.6%
e) Position FTE								

B 7 BY PROGRAM 435 Health and Family Services

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Program: 08 Exec Svcs

	Annual Summary				Biennial Summary			
SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total	18,355,800	17,445,500	17,902,000	17,906,700	34,891,000	35,808,700	917,700	2.6%
b) State Operations	18,355,800	17,445,500	17,902,000	17,906,700	34,891,000	35,808,700	917,700	2.6%
e) Position FTE		169.96	170.39	170.39				
Federal Revenue								
a) Total	10,123,900	7,711,300	17,589,500	12,710,100	15,422,600	30,299,600	14,877,000	96.5%
b) State Operations	10,123,900	7,711,300	17,589,500	12,710,100	15,422,600	30,299,600	14,877,000	96.5%
e) Position FTE		69.80	73.38	73.38				
Program Revenue								
a) Total	381,500	200,500	410,500	416,700	401,000	827,200	426,200	106.3%
b) State Operations	381,500	200,500	410,500	416,700	401,000	827,200	426,200	106.3%
e) Position FTE								
Program Revenue Service								
a) Total	31,471,600	42,792,200	34,819,400	36,613,400	85,584,400	71,432,800	(14,151,600)	-16.5%
b) State Operations	30,984,100	42,792,200	34,819,400	36,613,400	85,584,400	71,432,800	(14,151,600)	-16.5%
d) Aids to Ind. & Org.	487,500							
e) Position FTE		176.76	188.76	188.76				
Total								
a) Total	60,332,700	68,149,500	70,721,400	67,646,900	136,299,000	138,368,300	2,069,300	1.5%
b) State Operations	59,845,300	68,149,500	70,721,400	67,646,900	136,299,000	138,368,300	2,069,300	1.5%
d) Aids to Ind. & Org.	487,500							
e) Position FTE		416.52	432.53	432.53				

Decision Item Summary

Department: 435 DHFS
Decision Item: 2000 Adjusted Base

Printed: 11:38 AM Thursday, November 14, 2002

Expenditure Items	First Year Adj Base Year	First Year Changes to Base	First Year Total Budget	Second Year Adj Base Year	Second Year Changes to Base	Second Year Total Budget
01 Permanent Position Salaries	249,215,300		249,215,300	249,215,300		249,215,300
02 Turnover						
03 Project Position Salaries	677,800		677,800	677,800		677,800
04 LTE Salaries	2,962,200		2,962,200	2,962,200		2,962,200
05 Fringe Benefits	95,915,100		95,915,100	95,915,100		95,915,100
06 Supplies and Services	225,139,700		225,139,700	225,139,700		225,139,700
07 Permanent Property	4,144,200		4,144,200	4,144,200		4,144,200
08 Unallotted Reserve	4,235,600		4,235,600	4,235,600		4,235,600
09 Aids to Individuals & Organizations	4,356,573,500		4,356,573,500	4,356,573,500		4,356,573,500
10 Local Assistance	545,245,900		545,245,900	545,245,900		545,245,900
11 One-Time Financing	3,892,200		3,892,200	3,892,200		3,892,200
12 Debt Service	12,334,700		12,334,700	12,334,700		12,334,700
13 Food	3,566,600		3,566,600	3,566,600		3,566,600
14 Variabled Non-Food	13,871,600		13,871,600	13,871,600		13,871,600
15 Internal Data Processing	18,971,300		18,971,300	18,971,300		18,971,300
16 Rent (leased and state-owned)	9,082,800		9,082,800	9,082,800		9,082,800
17 Total Cost	5,545,828,500		5,545,828,500	5,545,828,500		5,545,828,500
18 Project Positions Authorized	58.46	0.00	58.46	58.46	0.00	58.46
19 Classified Positions Authorized	6,722.42	0.00	6,722.42	6,722.42	0.00	6,722.42
20 Unclassified Positions Authorized	10.00	0.00	10.00	10.00	0.00	10.00

DHFS Biennial Budget Items with GPR Impact

Items Subject to Target

Division	Din No.	Item	FY04	FY05	Biennium
Dept.	5001	Dental Capacity Building at FQHCs	$1,024,000	$2,368,300	$3,392,300
Dept.	5002	Expand Oral Health Capacity for Low-Income Populations	$391,900	$448,700	$840,600
Dept.	5003	Dental Services for Individuals with Severe Disabilities	$365,200	$341,200	$706,400
Dept.	5004	ICR-MR Downsizing	$1,000,800	$2,881,400	$3,882,200
Dept.	5005	Nursing Home Downsizing	$1,192,500	$2,113,300	$3,305,800
Dept.	5006	Consumer-Directed Personal Care	$37,500	$89,100	$126,600
DPH	5102	Eliminate Milwaukee Healthy Women and Infants Project	-$163,800	-$163,800	-$327,600
DCFS	5301	Community Aids	$35,900	$35,900	$71,800
DCFS	5302	Milwaukee Child Welfare and Kinship Care Re-estimate	$6,643,400	$7,331,000	$13,974,400
DCFS	5303	WiSACWIS Re-estimate		$2,996,500	$2,996,500
DCFS	5304	State Foster Care and Adoption Assistance Re-estimate	$3,704,000	$7,179,800	$10,883,800
DHCF	5403	MA Contracts Re-estimate	$2,589,900	$3,637,600	$6,227,500
DHCF	5404	Disease Aids Re-estimate	-$255,800	$762,000	$506,200
DHCF	5405	Food Stamps	$82,100	-$82,100	$0
DHCF	5410	Graduate Medical Education	-$7,900,000	-$7,900,000	-$15,800,000
DHCF	5411	Medicare Crossover Claims for Outpatient Hospitals	-$2,726,900	-$4,294,000	-$7,020,900
DHCF	5412	Reimbursement for Oxygen and End Stage Renal Dialysis	-$2,500,000	-$2,500,000	-$5,000,000
DHCF	5413	Cap Durable Medical Equipment Rental Payments	-$311,500	-$623,000	-$934,500
DHCF	5420	MA SSI Managed Care Expansion	-$831,300	-$3,000,200	-$3,831,500
DCFS	5421	Managed Care for Children in Out-of-Home Care	$182,600	$183,500	$366,100
DHCF	5422	Medical Home	$5,100	$190,700	$195,800
DHCF	5423	Pre-natal Care Coordination Program Expansion		$308,600	$308,600
DHCF	5424	MA for Youths Leaving Out-of-Home Care	$339,100	$491,300	$830,400
DHCF	5425	MA Income Limit for Elderly/Disabled	$399,400	$801,700	$1,201,100
DHCF	5426	MA for Breast and Cervical Cancer	$8,200	$17,400	$25,600
DHCF	5427	Removing AFDC-Unemployed Parent Rules in Medicaid	-$12,800	-$17,200	-$30,000
DHCF	5430	Nursing Home Bed Assessment	-$6,547,000	-$6,934,200	-$13,481,200
DHCF	5431	MA Divestment	-$168,800	-$162,500	-$331,300
DHCF	5432	Expand Estate Recovery	-$48,200	-$359,200	-$407,400
DHCF	5433	Special Enrollment Period for HIPP Qualified Employees	-$129,200	-$129,200	-$258,400
DHCF	5434	MA Program Integrity Enhancement	$12,800	-$154,100	-$141,300
DHCF	5435	Spousal Impoverishment	-$45,900	-$137,600	-$183,500
DHCF	5441	HIRSP GPR Reduction	-$2,000,000	-$2,000,000	-$4,000,000
DSL	5610	Children's Long Term Care Redesign	$227,500	$608,500	$836,000
DSL	5611	Brain Injury Waiver Slots	$162,100	$611,600	$773,700
DSL	5620	Facility Downsizing and Closure Workload	$69,300	$80,500	$149,800
DSL	5630	Hospital Diversion Program	-$100,300	$100,300	$0
Grand Total: Items Subject to Target			**-$5,268,200**	**$5,121,800**	**-$146,400**

Exempt from Target

Division	Din No.	Item	FY04	FY05	Biennium
DCTF	5200	Institute Split	$2,053,100	$2,076,400	$4,129,500
DCTF	5202	Community Release Programs	$1,743,700	$3,256,100	$4,999,800
DCTF	5203	Overtime Payplan	$108,500	$151,600	$260,100
DCTF	5208	Repair and Maintenance of DCTF Institutions	$24,200	$49,700	$73,900
DCTF	5209	Variable Non-Food	$1,714,700	$2,485,100	$4,199,800
DHCF	5400	MA Base Re-estimate	$173,096,700	$360,065,100	$533,161,800
DHCF	5401	BadgerCare Re-estimate	$14,363,600	$23,062,800	$37,426,400
DHCF	5402	SeniorCare Re-estimate	$37,900,100	$54,494,700	$92,394,800
		Subtotal	$231,004,600	$445,641,500	$676,646,100

Transfers between State Agencies

Division	Din No.	Item	FY04	FY05	Biennium
DHCF	5445	Transfer of Burial Program	$4,550,200	$4,550,200	$9,100,400

DEPARTMENT OF HEALTH AND FAMILY SERVICES

AGENCY DESCRIPTION

The department is headed by a secretary appointed by the Governor, and has six divisions. The department works in partnership with local governments, health and human services agencies, private providers, and concerned and affected citizens to:

- Foster the availability and accessibility of care, treatment and other assistance for persons most in need through careful planning of services, and efficient distribution and use of resources.

- Promote individual, family and community well-being and health through vigorous programs to reduce or prevent avoidable illness, disability or dependency and their associated costs.

- Encourage local public and private initiative and support for human service programs.

- Give priority to the interests and needs of vulnerable persons including children and the elderly, those in need of long-term support, and families.

- Provide for public safety and protection through programs for adult criminal offenders who are mentally or emotionally impaired.

- Provide incentives and oversight so that public funds are put to effective use. Programs must be characterized by acceptable quality without unnecessary cost, accountability without needless paperwork, creativity and innovation without loss of purpose, and efficiency without jeopardizing access, equity or availability.

- Carryout these responsibilities with the participation and advice of communities, providers, clients and citizens in a way that respects the dignity and self-reliance of everyone involved.

MISSION

The department's mission is to lead the nation in fostering healthy, self-reliant individuals and families. The department is committed to successful methods that: promote independence; strengthen families; encourage healthy behaviors; promote individual and community responsibility; provide services of value to taxpayers; protect vulnerable children, adults and families; and prevent individual and social problems.

PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES

Program 2: Care and Treatment Facilities

Program 3: Children and Family Services

Goal: Develop effective, efficient, accessible human service systems that provide quality care, services and supports.

Objective/Activity: Reduce the incidence of child abuse and neglect among Wisconsin children through the Brighter Futures Initiative; Safe and Stable Families Program; Title IV-E; POCAN Projects; and other child abuse and neglect prevention efforts.

Program 4: Health Services Planning, Regulation and Delivery; Health Care Financing

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin.

Objective/Activity: Increase the percentage of Wisconsin uninsured low-income children and parents that have health care coverage through implementation of the BadgerCare program and Medical Assistance program for low-income families.

Program 5: Public Health Services Planning, Regulations and Delivery; Aids and Local Assistance

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin.

Objective/Activity: Reduce the prevalence of current cigarette smoking among youth through an expansion of efforts under the Thomas T. Melvin Youth Tobacco Program and through the collaborative efforts of the Divisions of Public Health, Children and Family Services, and Supportive Living.

Objective/Activity: Reduce the prevalence of smoking among adults through smoking cessation activities and through community-based efforts to reduce tobacco use.

Objective/Activity: Reduce the number of people who acquire HIV infection by preventing infection among high-risk persons; increasing knowledge of serostatus among those infected; increasing prevention interventions for persons living with HIV; strengthening the prevention and treatment interface; increasing commitment and cooperation from community partners; and evaluating HIV prevention programs.

Objective/Activity: Increase the rate at which Wisconsin children are immunized against measles, mumps, rubella, tetanus, pertussis, diphtheria, polio and Hib by supplying vaccines for immunization, enforcement of the Student Immunization Law, utilization of the immunization registry, assessing providers' immunization records, and collaboration and education.

Program 7: Supportive Living; Aids and Local Assistance

Goal: Develop effective, efficient and accessible human service systems that provide quality care, services and supports.

Objective/Activity: Increase the number of developmentally disabled persons served by the CIP 1A program versus the Centers for the Developmentally Disabled by increasing the CIP 1A placement rate; educating guardians on the benefits of community placements; developing appropriate supports for community placements; and implementing effective oversight and quality assurance measures for community placements.

PERFORMANCE MEASURES

HISTORICAL DATA

Prog. No.	Performance Measure	Actual FY00
3., 5., 7.	Percent of Wisconsin youth (grades 9-12) who smoke.	33%
3., 5., 7.	Percent of Wisconsin youth (grades 6-8) who smoke	12%
5., 7.	Percent of Wisconsin adults (persons 18 and over) who smoke.	24%
5.	Number of persons in Wisconsin with newly reported HIV infections (calendar year).	389
3., 4., 5.	Rate of completion for primary vaccinations among Wisconsin two-year-olds (calendar year).	80%

Prog. No.	Performance Measure	Actual FY00
4.	Percent of uninsured eligible low-income children and adults enrolled in BadgerCare/Medical Assistance.	59%
3., 5.	Rate of child abuse and neglect victimization in Wisconsin per 1,000 children under 18-years of age (calendar year).	9.2
2., 4., 7.	Number of participants in the CIP 1A program (December 31 each year).	1,115

FY01 AND FY02 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal FY01	Actual FY01	Goal FY02	Actual** FY02
3., 5., 7.	Percent of Wisconsin youth (grades 9-12) who smoke.	37%	33%	35%	32%
3., 5., 7.	Percent of Wisconsin youth (grades 6-8) who smoke	NA	9%	NA	9%
5., 7.	Percent of Wisconsin adults (persons 18 and over) who smoke.	23%	23%**	23%	23%
5.	Number of persons in Wisconsin with newly reported HIV infections (calendar year).	338	336	316	360
3., 4., 5.	Rate of completion for primary vaccinations among Wisconsin two-year-olds (calendar year).	86%*	83%**	86%*	84%
4.	Percent of uninsured eligible low-income children and adults enrolled in BadgerCare/Medical Assistance.	75%	76%	76%	76%
3., 5.	Rate of child abuse and neglect victimization in Wisconsin per 1,000 children under 18-years of age (calendar year).	10.2	9.0	10.0	8.9
2., 4., 7.	Number of participants in the CIP 1A program (December 31 each year).	1,116	1,135	1,165	1,155

Note: *The rate of completion for primary vaccinations among Wisconsin two-year-olds had increased from 78 percent in 1998 to 85 percent in 1999. These 2001 and 2002 goals, which were developed for the 2001-2003 Budget, were based on the much higher 1999 rate.
**Selected data for 2001 and all data for 2002 are estimates rather than actuals. Actual data were not yet available.

FY03, FY04 AND FY05 GOALS

Prog. No.	Performance Measure	Goal FY03	Goal FY04	Goal FY05
3., 5., 7.	Percent of Wisconsin youth (grades 9-12) who smoke.	31%	31%	30%
3., 5., 7.	Percent of Wisconsin youth (grades 6-8) who smoke	9%	8%	8%
5., 7.	Percent of Wisconsin adults (persons 18 and over) who smoke.	22%	22%	21%
5.	Number of persons in Wisconsin with newly reported HIV infections (calendar year).	320	311	302
3., 4., 5.	Rate of completion for primary vaccinations among Wisconsin two-year-olds (calendar year).	85%	86%	87%
4.	Percent of uninsured eligible low-income children and adults enrolled in BadgerCare/Medical Assistance.	77%	77%	77%
3., 5.	Rate of child abuse and neglect victimization in Wisconsin per 1,000 children under 18-years of age (calendar year).	8.9	8.8	8.8
2., 4., 7.	Number of participants in the CIP 1A program (December 31 each year).	1,184	1,226	1,268

TABLE OF CONTENTS
DECISION ITEM NARRATIVE—BY DIN NUMBER

DECISION ITEM NARRATIVE—BY DIN NUMBER

DECISION ITEM NARRATIVE—BY DIN NUMBER

Turnover Reduction
(DIN 3001)

This decision item removes 3% of permanent position salaries under the assumption that savings will result from position vacancies in appropriations with at least 50 FTE.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (1,920,200)	-	$ (1,920,200)	-	$ (3,840,400)	-
FED	$ (943,400)	-	$ (943,400)	-	$ (1,886,800)	-
PR	$ (2,034,900)	-	$ (2,034,900)	-	$ (4,069,800)	-
PRS	$ (410,200)	-	$ (410,200)	-	$ (820,400)	-
SEG						
Total	$ (5,308,700)	-	$ (5,308,700)	-	$ (10,617,400)	-

Remove Noncontinuing Elements from Base
(DIN 3002)

This decision item removes from the base all noncontinuing positions and dollars approved on a one-time basis. Noncontinuing elements include project positions scheduled to end prior to June 30, 2005, and funding budgeted for a specific one-time purpose.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (4,445,700)	(4.20)	$ (4,503,900)	(4.20)	$ (8,949,600)	(8.40)
FED	$ (1,676,600)	(11.80)	$ (2,142,500)	(17.80)	$ (3,819,100)	(29.60)
PR	$ (482,000)	-	$ (514,000)	(1.00)	$ (996,000)	(1.00)
PRS	$ (1,068,600)	-	$ (1,068,600)	-	$ (2,137,200)	-
SEG	$ (451,300)	-	$ (451,300)	-	$ (902,600)	-
Total	$ (8,124,200)	(16.00)	$ (8,680,300)	(23.00)	$ (16,804,500)	(39.00)

Full Funding of Salaries and Fringe
(DIN 3003)

This decision item increases or decreases adjusted base year salary and fringe benefit levels to documented actual levels. The new agency fringe rate is applied to the adjusted salary levels.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 5,524,700	-	$ 5,524,700	-	$ 11,049,400	-
FED	$ 7,324,000	-	$ 7,324,000	-	$ 14,648,000	-
PR	$ (2,772,700)	-	$ (2,772,700)	-	$ (5,545,400)	-
PRS	$ 695,400	-	$ 695,400	-	$ 1,390,800	-
SEG	$ 44,300	-	$ 44,300	-	$ 88,600	-
Total	$ 10,815,700	-	$ 10,815,700	-	$ 21,631,400	-

Overtime
(DIN 3007)

This decision item restores the amounts budgeted in Act 16 for overtime at the Division of Care and Treatment Facilities' institutions. These funds were removed in the Department's Full Funding of Continuing Position Salaries and Fringe Benefits decision item number 3003.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 2,168,400	-	$ 2,168,400	-	$ 4,336,800	-
FED						
PR	$ 3,258,200	-	$ 3,258,200	-	$ 6,516,400	-
PRS	$ 115,000	-	$ 115,000	-	$ 230,000	-
SEG						
Total	$ 5,541,600	-	$ 5,541,600	-	$ 11,083,200	-

Night and Weekend Differential
(DIN 3008)

This decision item restores funds that were budgeted in FY03 under Decision Item 3008 in 2001 Wisconsin Act 16. The budgeted funds include salary and fringe increments for employees entitled by contract to a wage premium. These increases cover holiday, night, nurse responsibility, weekend differential, specialty standby/on call and permanent payments.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,146,900	-	$ 1,146,900	-	$ 2,293,800	-
FED	$ 68,200	-	$ 68,200	-	$ 136,400	-
PR	$ 2,344,500	-	$ 2,344,500	-	$ 4,689,000	-
PRS	$ 132,300	-	$ 132,300	-	$ 264,600	-
SEG						
Total	$ 3,691,900	-	$ 3,691,900	-	$ 7,383,800	-

Fifth Week of Vacation as Cash
(DIN 3009)

This decision item funds salary and fringe costs for employees electing to receive their fifth week vacation as cash.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 63,000	-	$ 64,500	-	$ 127,500	-
FED	$ 49,400	-	$ 50,000	-	$ 99,400	-
PR	$ 46,600	-	$ 47,400	-	$ 94,000	-
PRS	$ 12,800	-	$ 12,900	-	$ 25,700	-
SEG						
Total	$ 171,800	-	$ 174,800	-	$ 346,600	-

Minor Transfers Within the Same Alpha Appropriation
(DIN 3011)

This decision item requests minor transfers of funds and/or positions within the same alpha appropriation and within base funding and position levels.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	0.01	$ -	0.01	$ -	0.02
FED	$ -	-	$ -	-	$ -	-
PR	$ -	(0.01)	$ -	(0.01)	$ -	(0.02)
PRS	$ -	-	$ -	-	$ -	-
SEG						
Total	$ -	0.00	$ -	0.00	$ -	0.00

Food
(DIN 4502)

The Department requests a decrease of $(230,300) GPR and $(174,100) PR in FY 04 and a decrease of $(196,000) GPR and $(208,100) PR in FY 05 to fund costs in food services for the facilities administered by the Division of Care and Treatment Facilities. These facilities include Mendota and Winnebago Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center, and Central, Northern and Southern Centers for the Developmentally Disabled. The request is based on inflation assumptions derived from Data Resource Inc.'s "Individual Wage and Prices Indexes: National Forecast" (second quarter, 2002).

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (230,300)	-	$ (196,000)	-	$ (426,300)	-
FED						
PR	$ (174,100)	-	$ (208,100)	-	$ (382,200)	-
PRS						
SEG						
Total	$ (404,400)	-	$ (404,100)	-	$ (808,500)	-

Rent and Rent Debt Services
(DIN 4503)

This decision item adjusts the base level of funding for projected increases in space rental costs for state-owned space, increases in rental rates of leased space, and for the debt service portion of space rent costs that is not reimbursed by the federal government. Rent costs for each fund source are determined by applying the percent of the total positions supported by fund source to the total rent costs.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 50,500	-	$ 72,100	-	$ 122,600	-
FED	$ 226,500	-	$ 292,000	-	$ 518,500	-
PR	$ 180,000	-	$ 196,200	-	$ 376,200	-
PRS	$ 74,100	-	$ 82,400	-	$ 156,500	-
SEG	$ 5,900	-	$ 6,600	-	$ 12,500	-
Total	$ 537,000	-	$ 649,300	-	$ 1,186,300	-

Municipal Services
(DIN 4509)

This decision item adjusts the base level of funding for actual increases in municipal services costs. Municipal services are provided by local governments to the Department's centers and institutions that are managed by the Division of Care and Treatment Facilities. Municipal services cost adjustments are determined comparing the base amount against the actual amount.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 59,400	-	$ 59,400	-	$ 118,800	-
PRS	$ (23,000)	-	$ (23,000)	-	$ (46,000)	-
SEG						
Total	$ 36,400	-	$ 36,400	-	$ 72,800	-

Extend/Convert Project Positions
(DIN 4525)

The Department requests the extension or conversion from project to permanent status of positions ending in the 2003-05 biennium.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 175,300	4.20	$ 233,500	4.20	$ 408,800	8.40
FED	$ 495,000	11.80	$ 832,700	14.80	$ 1,327,700	26.60
PR	$ -	-	$ 32,000	1.00	$ 32,000	1.00
PRS						
SEG						
Total	$ 670,300	16.00	$ 1,098,200	20.00	$ 1,768,500	36.00

PR/PR-S Base Restimates
(DIN 4550)

The Department requests adjustments in PR/PR-S appropriations to reflect current projections of program costs.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 2,766,200	-	$ 3,577,500	-	$ 6,343,700	-
PRS	$ 3,070,400	-	$ 5,337,300	-	$ 8,407,700	-
SEG						
Total	$ 5,836,600	-	$ 8,914,800	-	$ 14,751,400	-

PRF Base Reestimates
(DIN 4555)

The Department requests adjustments in PRF appropriations to reflect current projections of program costs.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	$ 46,590,100	-	$ 43,600,000	-	$ 90,190,100	-
PR						
PRS						
SEG						
Total	$ 46,590,100	-	$ 43,600,000	-	$ 90,190,100	-

Dental Capacity Building in FQHCs
(DIN 5001)

The Department requests $1,024,000 GPR in FY 04 and $2,368,300 GPR and $489,800 FED in FY 05 to expand dental capacity at Federally Qualified Health Centers (FQHCs). Of these funds, $1 million GPR in FY 04 and $2 million GPR in FY 05 will be used to provide $2 million per year to four FQHCs to purchase dental equipment that enable the FQHCs to expand dental capacity beginning January 1, 2004. An additional $344,300 GPR and $489,800 FED in FY 05 will fund the increased Medicaid dental costs that will occur with dental capacity expansion. Finally, the Department proposes to allocate $24,000 GPR and $24,000 FED in each year of the biennium to fund a dental residency program to provide clinical experience in treating low-income and disabled individuals.

Federally Qualified Health Centers provide primary and preventive health care services in medically underserved areas. This funding will provide four $500,000 grants each year to enable individual FQHCs to expand their dental capacity. These funds would be used to expand physical capacity and purchase the necessary dental equipment, including special adaptive equipment that would enable FQHCs to provide dental services to individuals with severe disabilities. Only half of the 14 FQHCs in Wisconsin currently offer dental services.

The dental residency program will be located at those FQHCs that receive the GPR grants. Each of the four FQHC grantees would provide a one-month residency program annually to allow dentists to gain clinical experience in the treatment of low-income, and especially disabled, populations.

Expanding the FQHCs will expand the number of MA recipients who receive dental services. This will result in an increased cost to Medicaid in the second year of the biennium. In addition to providing treatment, FQHC dental clinics will provide prevention treatment for low-income children. Appropriate prevention techniques, including fluorides and dental sealants, will reduce the incidence of oral health problems and forestall future medical problems which are often very costly.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,024,000	-	$ 2,368,300	-	$ 3,392,300	-
FED	$ -	-	$ 489,800	-	$ 489,800	-
PR						
PRS						
SEG						
Total	$ 1,024,000	-	$ 2,858,100	-	$ 3,882,100	-

Expand Oral Health Capacity for Low-Income Populations (DIN 5002)

The Department requests $391,900 GPR and $539,000 FED in FY 04 and $448,700 GPR and $621,300 FED in FY 05 for the cost of providing fluoride treatments to MA-eligible children through HealthCheck. Of this, $351,700 GPR and $498,800 FED in FY 04 and $408,500 GPR and $581,100 FED in FY 05 is requested for increased Medicaid benefits and $40,200 GPR and $40,200 FED annually is requested for the cost of training health care providers about fluoride varnish treatment.

There is a shortage of dentists who provide services to low-income individuals, both nationwide and in Wisconsin. This proposal seeks to improve the delivery of oral health prevention services by training the medical community to provide fluoride varnishes to children under age 3 during well-baby visits. Medical staff who are trained to serve small children will apply fluoride varnishes during regular well-baby visits. MA-eligible children receive well-baby visits at regular intervals during the first three years of life through HealthCheck, the Wisconsin Medicaid federally mandated program for Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This request proposes to add oral health checkups and fluoride treatments, as appropriate, to regular Health Check services.

An increase in prevention services is expected to result in a decrease in emergency room dental care and restorative services. Good prevention treatment will help to lessen the disparity between income and racial groups in oral health needs.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 391,900	-	$ 448,700	-	$ 840,600	-
FED	$ 539,000	-	$ 621,300	-	$ 1,160,300	-
PR						
PRS						
SEG						
Total	$ 930,900	-	$ 1,070,000	-	$ 2,000,900	-

Dental Services for Individuals with Severe Disabilities (DIN 5003)

The Department requests 1.0 PR FTE and 2.5 PRS FTE and $365,200 GPR, $43,800 PR, $136,100 PRS, and $442,800 FED in FY 04 and 1.0 PR FTE and 2.5 PRS FTE, $341,200 GPR, $47,700 PR, $150,000 PRS and $481,200 FED in FY 05 to expand services to individuals with developmental disabilities at the Dental Outreach Clinic at Northern Wisconsin Center (NWC) and to provide an enhanced Medicaid rate for dental services to individuals with severe disabilities. The Dental Outreach Clinic was established to provide dental services for individuals with developmental disabilities residing in the community. The primary focus is on providing dental services to those patients who are in transition from institutional to community living. This request proposes to expand the services provided at the Outreach Center to include more services to individuals living in the community.

Expanded services at NWC will require an additional 3.5 FTE, including a Dentist, Dental Hygienist, Dental Assistant and Program Assistant to handle scheduling and billing. The Program Assistant and Dental Hygienist positions would also provide services to patients at NWC, so both NWC and the Outreach Clinic would fund the positions. Cost of the positions are estimated at $179,900 PR in FY 04 and $197,700 PR in FY 05.   As part of this proposal, the Department requests $50,000 GPR in FY 04 for one-time costs associated with expanding the Outreach Center and upgrading the 25-year old equipment at the Center. There will be an increase in MA expenditures of $74,400 GPR and $105,500 FED in FY 04 and $81,600 GPR and $116,100 FED in FY 05 related to the positions. Services provided by the new positions will be reimbursable under MA, because most individuals served by the clinic are MA-eligible.

The Department is proposing to amend current law to allow dental hygienists to work for the Department, which current law does not allow. Because dental hygienists can perform dental hygiene services (such as fluoride treatment and other prevention treatment) with a dentist's prescription, the use of hygienists will enable dentists to focus on higher-skill treatment services. This would enable the dentist to see more patients, maintain the restorative work the dentist provides and reduce disease burden. Preventive dentistry, including fluoride treatment, is highly recommended for persons with disabilities. Providing a dental hygienist at NWC would allow the Clinic to expand services further and make the best use of the dentist position.

This request includes a proposal for an enhanced Medicaid rate of $80/encounter for services to individuals with severe disabilities who do not live in institutions, in order to increase the number of dentists who provide services to this population. The enhanced fee will be provided to dentists who serve individuals whose disability requires special training and equipment for dental treatment, to the extent that the lack of this training and equipment creates an access barrier for the individual. To qualify for the enhanced rate, a provider must complete a certification program that includes both written modules and forty hours of clinical practice, administered by the Department. Increased Medicaid costs that will result from this proposal are estimated at $230,800 GPR and $327,300 FED in FY 04 and $249,600 GPR and $355,100 FED in FY 05.

The Department will monitor the dentists participating in specialized training and certify them for the enhanced rate when they have completed their training. Costs of monitoring the participants, supplies and producing the written materials needed for certification are estimated at $20,000 AF ($10,000 GPR and $10,000 FED) annually.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 365,200	-	$ 341,200	-	$ 706,400	-
FED	$ 442,800	-	$ 481,200	-	$ 924,000	-
PR	$ 43,800	1.00	$ 47,700	1.00	$ 91,500	2.00
PRS	$ 136,100	2.50	$ 150,000	2.50	$ 286,100	5.00
SEG						
Total	$ 987,900	3.50	$ 1,020,100	3.50	$ 2,008,000	7.00

ICF-MR Downsizing
(DIN 5004)

The Department requests $1,000,800 GPR and $1,368,300 FED in SFY 04 and $2,881,400 GPR, $67,500 PR and $4,085,200 FED in SFY 05 to implement an initiative to improve access to community based long-term care for individuals with developmental disabilities and to assist Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) in streamlining their facilities. The Department also requests 2.0 FTE in SFY 04 and 5.0 FTE in SFY 05 to address additional workload under this initiative.

In CY 2001, approximately 2,184 individuals with a diagnosis of a developmental disability resided in ICF-MRs and approximately 298 resided in nursing homes. To relocate these individuals from institutions to the community, the Department is proposing a significant change in the financing of institutional and community care as well as stricter controls on the admission of persons with developmental disabilities into nursing facilities.

The specific components of the proposal are:

- Provide counties funding equal to the MA fee-for-service costs for their residents in institutions. Counties would be liable for long-term care costs of their residents under this proposal, but counties would have more funding flexibility in providing long term care services. The funding provided to counties under this proposal would not be adjusted in future years for caseload changes and would increase each year at the same rate as the state per diem payments for MA nursing home care.
- Amend statutory language to restrict institutional admissions for individuals with a developmental disability to ensure only appropriate institutional placements are made. An individual would not be eligible for MA supported institutional care unless the person was first assessed for community care and, if appropriate, was offered a community placement and refused the community placement in favor of institutional treatment.
- To address transition issues, create a risk pool for counties that may need additional funding to pay for unanticipated increases in the number of county residents with a developmental disability utilizing community placements. The Department would also allocate 200 CIP 1B slots over the biennium to address the expected demand for community based care due to restricted admissions to institutions. A phase-down fund for institutions interested in streamlining their facilities would be created. This phase-down fund will allow nursing facilities to prepare for the anticipated decline in utilization.

The Department proposes to use MA SEG funding for this initiative. This DIN assumes passage of an MA Base Re-estimate, DIN 5400, which uses all available MA SEG funding. Therefore this DIN requests GPR funding that can replace MA SEG funding in the MA Base so that SEG funding can be used in this DIN.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,000,800	1.13	$ 2,881,400	1.13	$ 3,882,200	2.26
FED	$ 1,368,300	0.88	$ 4,085,200	1.88	$ 5,453,500	4.76
PR	$ -	-	$ 67,500	2.00	$ 67,500	2.50
PRS						
SEG	$ -	-	$ -	-	$ -	-
Total	$ 2,369,100	2.01	$ 7,034,100	5.01	$ 9,403,200	9.52

Nursing Home Downsizing
(DIN 5005)

The Department requests $1,192,500 GPR and $1,559,700 FED in SFY 04 and $2,113,300 GPR and $2,853,800 FED in SFY 05 to implement a Department-wide initiative to improve access to community based long-term care for elderly, physically disabled, and brain injured nursing home residents and to assist nursing homes in streamlining their facilities. The Department also requests 2.0 FTE in both years of the biennium to address additional workload under this initiative.

As of December 31, 2001, 576 individuals residing in nursing homes were on the wait list for community long-term care services. Many of these individuals hope to receive waiver services and return home, but some will decline or die in the institution before they can receive them. MA funding for community-based services is limited, and the demand for waiver services exceeds the available state and county funding.

The Department proposes the following changes to relocate individuals from nursing homes to the community and help nursing homes streamline their facilities and transition to lower utilization:

- Provide a CIP II slot for any elderly or physically disabled nursing home resident on the community care wait list at an enhanced rate based on the institutional cost of care.
- Provide a Brain Injury waiver slot for any nursing home resident who has suffered from a brain injury and is on the community care wait list at an enhanced rate based on the institutional cost of care.
- To ensure budget neutrality, the waiver slots would be available only for the time period that the individual resides in the community.
- Amend statutory language to require counties to contact individuals in nursing homes who are on the community care wait list to determine the feasibility of community placement, and if feasible, require counties to offer the individuals community placement.
- To address transition issues, make one-time funding available to counties for relocation activities for current nursing home residents on the community care wait list.
- Provide a phase-down fund for institutions interested in streamlining their facilities. This phase-down fund will allow nursing facilities to prepare for the anticipated decline in utilization.

Of the total costs for FY 05 only $98,900 GPR and $98,900 FED are ongoing costs. Of the total costs for the proposal, 96% are one-time costs.

The Department proposes to use MA SEG funding for this initiative. This DIN assumes passage of an MA Base Re-estimate, DIN 5400, which uses all available MA SEG funding. Therefore this DIN requests GPR funding that can replace MA SEG funding in the MA Base so that SEG funding can be used in this DIN.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,192,500	1.00	$ 2,113,300	1.00	$ 3,305,800	2.00
FED	$ 1,559,700	1.00	$ 2,853,800	1.00	$ 4,413,500	2.00
PR						
PRS						
SEG	$ -	-	$ -	-	$ -	-
Total	$ 2,752,200	2.00	$ 4,967,100	2.00	$ 7,719,300	4.00

Consumer Directed Personal Care
(DIN 5006)

The Department requests $37,500 GPR and $44,500 FED in FY04 and $89,100 GPR and $96,100 FED and 1.0 FTE in FY04 and FY05 to implement a pilot consumer directed personal care program.

Currently, MA personal care services are provided through licensed home health agencies, independent living centers or designated county departments or agencies. However, many MA recipients desire the opportunity to hire their own personal care workers to have better control of this critical and personal service. The Department proposes a pilot program to test the option of allowing MA consumers to hire and schedule their own personal care workers. The first stage of this pilot would use a section 1915(c) waiver to provide consumer directed personal care to persons in the CIP-II/COP-W waiver program. To insure budget neutrality, funding for self directed personal care would be limited to the individual's historical level of personal care services. After this program is implemented and developed, the department would pursue a section 1115 demonstration waiver to expand the pilot to non-waiver MA recipients and possibly test various options of consumer directed care that are only available under a section 1115 waiver.

To implement the 1915(c) waiver the Department requests $16,500 GPR and $23,500 FED annually in FY04 and FY05 for startup costs and for training seminars for consumers, providers, county staff, and fiscal agents. Management and implementation of the waiver request will be supported by a position funded by a federal grant.

The Department requests 1.0 FTE at a cost of $21,000 GPR and $21,000 FED in FY04 and $22,600 GPR and $22,600 FED in FY05 to develop the 1115 waiver and manage the implementation of the program. Also, to implement the 1115 waiver the Department requests $20,000 GPR and $20,000 FED in FY05 for startup costs and for training seminars for consumers, providers, county staff, and fiscal agents and $30,000 GPR and $30,000 FED in FY05 for evaluation and data analysis requirements.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 37,500	0.50	$ 89,100	0.50	$ 126,600	1.00
FED	$ 44,500	0.50	$ 96,100	0.50	$ 140,600	1.00
PR						
PRS						
SEG						
Total	$ 82,000	1.00	$ 185,200	1.00	$ 267,200	2.00

Radioactive Materials Licensing and Inspection (DIN 5101)

The Department requests $135,900 PR and .25 PR FTE in FY04 and $115,900 PR and .25 PR FTE in FY 05. This request will support continued program development for the regulation of radioactive material in the state.

Responsibility for radioactive material regulation in Wisconsin is currently shared between the federal Nuclear Regulatory Commission (NRC) and the State. The NRC is responsible for directly regulating reactor-produced (i.e., manufactured) radioactive materials. The State regulates naturally occurring and accelerator produced radioactive materials. Under this initiative, which began in FY99, the state will assume regulatory oversight of radioactive materials currently under federal jurisdiction. The state will then be responsible for all regulatory authority, including licensing and inspecting, of radioactive materials formerly regulated by the NRC, which are used in medicine, industry, research and education. Radioactive material from nuclear power plants and federal facilities would continue to be regulated by the federal government. As an Agreement State, license fees to Wisconsin facilities that use radioactive material are projected to be lower than under the federal regulatory regime.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 135,900	0.25	$ 115,900	0.25	$ 251,800	0.50
PRS						
SEG						
Total	$ 135,900	0.25	$ 115,900	0.25	$ 251,800	0.50

Eliminate Milwaukee Healthy Women and Infants Project
(DIN 5102)

The Department requests the deletion of ($163,800) GPR annually from the Milwaukee Healthy Women and Infants Project (MHWIP). The MHWIP was part of the federal Healthy Start initiative that attempted to reduce infant mortality and improve the health and well-being of women, children and families. The program received an allocation of $100,000 GPR annually. In addition, the Department's budget includes $50,000 allocated annually as a match to a federal grant for Healthy Start Outreach that the Division of Workforce Development (DWD) administered and $13,800 associated with the administration of these contracts. The MHWIP program closed in FY 99 and the purpose for which the Healthy Start matching funds was appropriated no longer exists. The funding cannot be re-allocated to another agency and must, therefore, lapse each year.

The services provided by this program are currently covered by other public health programs, Medicaid, and Badger Care. Eliminating the funding for these two projects will not adversely affect any of the Department's clients or programs

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (163,800)	-	$ (163,800)	-	$ (327,600)	-
FED						
PR						
PRS						
SEG						
Total	$ (163,800)	-	$ (163,800)	-	$ (327,600)	-

Institute Split
(DIN 5200)

The Department requests an increase of $2,053,100 GPR and 21.81 GPR FTE and a decrease of ($2,053,100) PR and (21.81) PR FTE in FY04 and an increase of $2,076,400 GPR and 21.81 GPR FTE and a decrease of ($2,076,400) PR and (21.81) PR FTE in FY 05 as a result of the reestimate of the GPR/PR funding split at the Mendota and Winnebago Mental Health Institutes to reflect changes in their patient populations. The cost of care for forensic commitments is the responsibility of the state and is funded with GPR. The cost of care for civil commitments and voluntary patients is the responsibility of boards established under s.51.42 and other third party payers and is funded with PR revenue received from these payers.

This request updates the current budgeted GPR/PR split to reflect the most recent patient population information. The split calculation is based on actual billable (PR) and non-billable (GPR) populations, adjusted for anticipated population changes, which is consistent with methodologies used in previous biennia. The new splits will be 65% GPR/35% PR at Mendota and 53% GPR/47% PR at Winnebago for both years of the 2003-05 biennium.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 2,053,100	21.81	$ 2,076,400	21.81	$ 4,129,500	43.62
FED						
PR	$ (2,053,100)	(21.81)	$ (2,076,400)	(21.81)	$ (4,129,500)	(43.62)
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Shared Services
(DIN 5201)

The Department requests an increase of 31.62 GPR FTE and 15.76 PR FTE and a decrease of ($2,116,200) PR–S and (47.38) PR-S FTE in both years of the biennium to delete the PR-S expenditure authority at DCTF institutions related to shared services. Positions formerly funded as PR-S and billed back to institution appropriations will be directly funded in those appropriations. An administrative efficiency will be achieved by eliminating the bill-back process currently in place at the institutions.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	31.62	$ -	31.62	$ -	63.24
FED						
PR	$ -	15.76	$ -	15.76	$ -	31.52
PRS	$ (2,116,200)	(47.38)	$ (2,116,200)	(47.38)	$ (4,232,400)	(94.76)
SEG						
Total	$ (2,116,200)	-	$ (2,116,200)	-	$ (4,232,400)	-

Community Release Programs
(DIN 5202)

The Department requests $1,743,700 GPR in FY 04 and $3,256,100 GPR in FY 05 for the costs of outpatient competency examinations and the conditional and supervised release programs in the 2003-05 biennium. These costs are based on projections of the client populations and the service costs per client in the programs.

The Conditional Release program provides treatment to individuals who have been conditionally released from mental health institutions. The program is a state-funded, community-based program administered by private and public agencies under the supervision of the Department. There are currently 251 individuals on conditional release.

The Supervised Release program provides treatment to individuals considered to be Sexually Violent Persons (SVPs) under chapter 980 of the statutes and who have been released by the court under the supervision of the Department. Currently there are 14 individuals on supervised release.

Competency-to-stand-trial examinations are performed by the Department on an inpatient or outpatient basis. Inpatient examinations are conducted by departmental staff in one of the Mental Health Institutes. The Department contracts with a private provider to conduct outpatient competency examinations in a jail or locked unit of a facility. The program is state-funded and operates in all counties. In FY 02, 729 outpatient competency examinations were performed.

In the 2001-03 biennium, in an effort to address the issue of securing SVP placements in southeastern Wisconsin, the Legislature approved the creation of a 10 to 12 bed transitional housing facility for SVPs in Milwaukee that was scheduled to open at the end of FY 03. It is now planned that the facility will open in April 2004 and will be fully operational in FY 05. Funding for this facility consistent with the current implementation schedule is included in this request.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,743,700	-	$ 3,256,100	-	$ 4,999,800	-
FED						
PR						
PRS						
SEG						
Total	$ 1,743,700	-	$ 3,256,100	-	$ 4,999,800	-

Overtime Payplan Increases
(DIN 5203)

The Department requests $108,500 GPR, $162,900 PR and $5,700 PR-S in FY04 and $151,600 GPR, $227,900 PR and $8,000 PR-S in FY05 to fund projected payplan increases related to Division of Care and Treatment institutions. In a standard budget adjustment, overtime was restored at the Act 16 level. This item adjusts overtime funding to reflect the projected increases in hourly salary for represented institution personnel at this level of overtime.

Fiscal Effect Summary

Source of Funds	FY 2004 Dollars	FY 2004 FTE	FY 2005 Dollars	FY 2005 FTE	Biennial Total Dollars	Biennial Total FTE
GPR	$ 108,500	-	$ 151,600	-	$ 260,100	-
FED						
PR	$ 162,900	-	$ 227,900	-	$ 390,800	-
PRS	$ 5,700	-	$ 8,000	-	$ 13,700	-
SEG						
Total	$ 277,100	-	$ 387,500	-	$ 664,600	-

Provision of Services for Other Agencies
(DIN 5205)

The Department requests $65,500 PR and 3.5 PR FTE in FY 04 and $112,500 PR and 3.5 PR FTE in FY 05 to provide services to the Department of Corrections, which will share facilities with the Department at Northern Wisconsin Center. The Department requests the positions to provide maintenance and groundskeeping services to DOC related to the medium-security prison that will be built at Northern Wisconsin Center. When completed, the prison will have 300 beds and will serve DOC's geriatric population. The opening of the new prison is tentatively scheduled for January 2004.

Fiscal Effect Summary

Source of Funds	FY 2004 Dollars	FY 2004 FTE	FY 2005 Dollars	FY 2005 FTE	Biennial Total Dollars	Biennial Total FTE
GPR						
FED						
PR						
PRS	$ 65,500	3.50	$ 112,500	3.50	$ 178,000	7.00
SEG						
Total	$ 65,500	3.50	$ 112,500	3.50	$ 178,000	7.00

CIP 1A Reestimate
(DIN 5206)

The Department requests a decrease of ($2,518,400) PR and (51.61) PR FTE in each year of the 2003-05 biennium. Section 49.45(6b) of the statutes requires the Department to reduce reimbursement to the Centers by an average amount per day for each community placement made under the Community Integration (CIP 1A) program during a specific biennium. The Department needs to reduce PRO positions and expenditure authority to reflect CIP 1A placements made during the 2001-03 biennium. In FY 02, 21 Center residents were placed in the community. In FY 03, an estimated 12 additional residents will be placed in the community.

The Community Integration Program 1A (CIP 1A) is a home and community-based waiver under Medical Assistance (MA). The program provides funding for the relocation of residents of the Centers for the Developmentally Disabled into community placement by allowing services to continue to be paid through MA. The program has been in operation since 1983 and currently provides services to 941 individuals. At the end of each biennium, the Department must adjust PR authority to reflect CIP 1A placements during the biennium.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ (2,518,400)	(51.61)	$ (2,518,400)	(51.61)	$ (5,036,800)	(103.22)
PRS						
SEG						
Total	$ (2,518,400)	(51.61)	$ (2,518,400)	(51.61)	$ (5,036,800)	(103.22)

Repair and Maintenance of DCTF Institutions
(DIN 5208)

The Department requests $24,200 GPR and $42,000 PR in FY 04 and $49,700 GPR and $86,500 PR in FY 05 for increased repair and maintenance costs at the Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center and the Centers for the Developmentally Disabled. The majority of the Department's institutions have an aging building infrastructure which becomes more difficult to repair over time. Parts and equipment have become obsolete and, as availability of replacement parts decreases, costs increase. Patient program requirements often necessitate changes in the original design and function of buildings. Antiquated building systems make required upgrades in electricity, fire, and air quality standards very expensive.

No increase for repair and maintenance for institutional buildings has been provided for ten years. The Department is requesting an increase in FY 04 and FY 05 to enable the institutions to provide repairs and maintenance that will ensure the safety and well-being of their residents and staff.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 24,200	-	$ 49,700	-	$ 73,900	-
FED						
PR	$ 42,000	-	$ 86,500	-	$ 128,500	-
PRS						
SEG						
Total	$ 66,200	-	$ 136,200	-	$ 202,400	-

Variable Non-Food
(DIN 5209)

The Department requests $1,714,700 GPR and $907,600 PR in FY 04 and $2,485,100 GPR and $1,389,200 PR in FY 05 to fund the increased cost of variable non-food expenses for the Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center and the Centers for the Developmentally Disabled. These expenditures are directly related to the size of the population and include medical services and supplies, drugs, clothing and other supplies.

This request reflects the continued sharp increase (over 16% per year) in drug costs that has been experienced at these institutions in recent years and that is expected to continue. Medical services are also increasing as the Department's facilities provide services to more individuals with medical needs. Medical services include such items as hospitalization, diagnostic testing and outpatient medical visits. Inflation assumptions, with the exception of drug costs, are derived from Data Resource Inc.'s "Individual Wage and Prices Indexes: National Forecast" (second quarter, 2002). Drug expenses are based on actual experience at the institutions.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 1,714,700	-	$ 2,485,100	-	$ 4,199,800	-
FED						
PR	$ 907,600	-	$ 1,389,200	-	$ 2,296,800	-
PRS						
SEG						
Total	$ 2,622,300	-	$ 3,874,300	-	$ 6,496,600	-

Position Transfer from MMHI to SRSTC
(DIN 5210)

The Department requests the transfer of 3.88 GPR FTE and funding for salary and fringe related to these positions from the Mendota Mental Health Institute to the Sand Ridge Secure Treatment Center. This transfer reflects the movement of the evaluation process for individuals committed under Chapter 980 (Sexually Violent Persons) from MMHI to SRSTC.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED						
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Community Aids
(DIN 5301)

The Department requests the reduction of ($1,059,500) FED and an increase of $35,900 GPR in FY04 and FY05 in Community Aids. Community Aids provides funding to counties to use for social, mental health, alcohol/drug abuse and disability services. Community Aids is composed of GPR and federal funds. This budget item adjusts Community Aids funding to reflect changes in the availability of federal funding under the Social Services Block Grant (SSBG), Child Welfare IV-B grant, and TANF-converted SSBG. In addition, to reflect Family Care adjustments, this budget item decreases Community Aids by ($151,800) GPR and ($41,800) FED in FY04 and by ($151,500) GPR and ($41,700) FED in FY05 and increases the Family Care budget by a corresponding amount. For counties that are Family Care pilots, a portion—up to 22%-- of Community Aids funding is transferred from the current Community Aids program to Family Care. Family Care adjustments in Community Aids do not affect the level of Community Aids funding received by non-Family Care counties. To decrease the adverse effect on Community Aids and Income Augmentation funding of a recent change in federal child welfare Title IV-E claiming methodology, the Department is proposing as part of this budget item a statutory language change. The proposed statutory change will direct the Department to use in Community Aids the MA federal reimbursement for preventing out-of-home care/kinship care placement activities. The net effect of the changes in this budget item are that the Community Aids Basic County Allocation will decrease slightly, by -0.22%, in CY03 compared to CY02, and remain flat in CY04 and CY05.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 35,900	-	$ 35,900	-	$ 71,800	-
FED	$ (1,059,500)	-	$ (1,059,500)	-	$ (2,119,000)	-
PR						
PRS						
SEG						
Total	$ (1,023,600)	-	$ (1,023,600)	-	$ (2,047,200)	-

Milwaukee Child Welfare and Kinship Care Reestimate
(DIN 5302)

The Department requests an increase of $6,643,400 GPR and 3.18 FTE GPR, $418,000 PR-S (federal TANF), $607,700 PR and $746,400 FED and a reduction of (3.18) FTE FED in FY04 and an increase of $7,331,000 GPR and 3.18 FTE GPR, $463,600 PR-S (federal TANF), and $607,700 PR and a reduction of ($341,600) FED and (3.18) FTE FED in FY05 to fund the projected needs of the Milwaukee Child Welfare (MCW) program and Kinship Care program. The Department has been responsible for administering the child protective services system in Milwaukee County since January 1, 1998. Kinship Care is the care of minor children by a relative for which the relative receives a $215 payment per month per child from a public child welfare agency. Kinship Care is administered in Milwaukee County by the Department as part of the MCW program. The Department contracts with the non-Milwaukee counties and tribes to administer the Kinship Care program in their jurisdiction. This reestimate for the Milwaukee Child Welfare and Kinship Care programs reflects projected caseloads and service expenditures, changes in federal funding claiming rates, and actual experience.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 6,643,400	3.18	$ 7,331,000	3.18	$ 13,974,400	6.36
FED	$ 746,400	(3.18)	$ (341,600)	(3.18)	$ 404,800	(6.36)
PR	$ 607,700	-	$ 607,700	-	$ 1,215,400	-
PRS	$ 418,000	-	$ 463,600	-	$ 881,600	-
SEG						
Total	$ 8,415,500	-	$ 8,060,700	-	$ 16,476,200	-

WiSACWIS Reestimate
(DIN 5303)

The Department requests an increase of $5,046,300 FED (Income augmentation and Title IV-E), and $562,700 PR-S (federal TANF) and a decrease of ($96,000) PR (MA TCM and county payments), and ($200) FED (federal SSBG) in FY 04 and an increase of $2,996,500 GPR, $3,165,700 FED (Title IV-E), $562,700 PR-S (federal TANF), $127,200 PR (MA TCM and county payments), and a decrease of ($200) FED (federal SSBG) in FY 05 to provide ongoing funding for WiSACWIS. Of the FED requested in FY 04, $2,514,700 is income augmentation revenue.

WiSACWIS is the federally mandated, automated child welfare system designed to assist line workers and administrators in managing child welfare services in the areas of intake, assessment, eligibility determination, case management, court processing, financial reporting and administration. The system is fully implemented in Milwaukee and seven other counties. The Department is planning to rollout WiSACWIS to an additional 32 counties in FY 03 and to complete statewide implementation by the end of FY 04.

The Department requests funding to complete the implementation and to support ongoing maintenance and operations costs for the system. The need for additional funding results from 1) a reestimate of master lease payments in FY 04 and FY 05 for implementation costs and 2) federal cost allocation requirements not reflected in the base WiSACWIS budget. This proposal assumes no change in the current methodology for sharing costs between the state and counties.

The ongoing costs of maintaining WiSACWIS in Milwaukee County are reflected in DIN 5302, Milwaukee Child Welfare and Kinship Care Reestimate.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ 2,996,500	-	$ 2,996,500	-
FED	$ 5,046,100	-	$ 3,165,500	-	$ 8,211,600	-
PR	$ (96,000)	-	$ 127,200	-	$ 31,200	-
PRS	$ 562,700	-	$ 562,700	-	$ 1,125,400	-
SEG						
Total	$ 5,512,800	-	$ 6,851,900	-	$ 12,364,700	-

State Foster Care and Adoption Assistance Reestimate (DIN 5304)

The Department requests $3,704,000 GPR and $2,713,600 FED in FY 04 and $7,179,800 GPR and $5,974,000 FED in FY 05 for foster care and adoption assistance payments for special needs children who are under the state’s guardianship. This request reflects a reestimate of funding needs based on projected expenditures in the 2003-05 biennium.

The state serves as guardian for special needs children following termination of parental rights by the court. The state program pays the cost of foster care placements for these children while they await adoption and pays adoption assistance to families who adopt special needs children.

The reestimate is based on recent expenditure trends in the program. Total expenditures have increased each year for the last several years. The number of children in the program has been increasing in part because of requirements in the federal Adoptions and Safe Families Act and partly as the result of the Department’s Special Needs Adoption Partnership. Through the Partnership, the Department contracts with private adoption agencies to increase the number of special needs foster children placed in adoptive homes. In addition, adoption assistance costs for newly adopted children are higher than the costs of those who leave the system, because the Legislature has increased foster care payment rates somewhat over time.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 3,704,000	-	$ 7,179,800	-	$ 10,883,800	-
FED	$ 2,713,600	-	$ 5,974,000	-	$ 8,687,600	-
PR						
PRS						
SEG						
Total	$ 6,417,600	-	$ 13,153,800	-	$ 19,571,400	-

Child Care Licensing Staff
(DIN 5305)

The Department requests $150,900 PR and 3.00 PR FTE and $100,600 PR-S and 2.00 PR-S FTE in FY 04 and $163,500 PR and 3.0 PR FTE and $109,000 PR-S and 2.0 PR-S FTE in FY 05 to respond to workload growth for staff who license and inspect child care facilities. The Department will be able to fund the new positions with existing license fee revenue and its current allocation of federal Child Care Development Funds (CCDF) for licensing activities.

The Bureau of Regulation and Licensing (BRL) in the Division of Children and Family Services (DCFS) has responsibility for licensing and regulating child day care facilities, children's group homes, shelter care facilities, residential care centers for children, and child placing agencies for foster care and adoption. Each biennium, the Department completes a workload study to estimate staffing needs based on facility growth and other trends. After growing slowly from SFY 1997 through SFY 2000, the number of facilities has shown a higher annual increase in SFY 01 (3.6%) and SFY 02 (4.5%) and is projected to increase 3.7% in SFY 03, 2.0% in SFY 04, and 0.5% in SFY 05. The number of new licenses, complaints and enforcement actions is projected to reflect the trend of the number of facilities through the biennium. The model shows a need for additional staff to meet current standards for the frequency of monitoring visits to facilities and to respond to workload growth through FY 05.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 150,900	3.00	$ 163,500	3.00	$ 314,400	6.00
PRS	$ 100,600	2.00	$ 109,000	2.00	$ 209,600	4.00
SEG						
Total	$ 251,500	5.00	$ 272,500	5.00	$ 524,000	10.00

MA Base Reestimate
(DIN 5400)

This decision item requests an increase in the Medical Assistance (MA) program of $173,096,700 GPR and $238,056,900 FED in SFY 04 and $360,065,100 GPR and $361,396,900 FED in SFY 05 and a decrease of ($105,812,000) SEG in SFY 05 to reflect the ongoing cost to continue funding for the MA program. Total MA expenditures are projected to be $1,220,247,000 GPR, $297,379,900 SEG and $2,447,948,700 FED in SFY 04 and $1,407,215,500 GPR, $191,567,900 SEG and $2,571,288,700 FED in SFY 05.

The requested funding includes $61.1 million GPR in each year of the biennium due to a projected SFY 03 deficit of $61.1 million GPR.

The base reestimate adjusts MA base expenditures to account for projected changes in recipient caseloads, service intensity, the Federal Financial Participation matching rate, and costs to continue in various services and programs.

The Department is projecting overall caseload to increase by 4.5% in SFY 04 and 2.5% in SFY 05. It is estimated that caseload changes will cost $50,722,600 GPR and $74,147,700 FED in SFY 04 and $47,479,600 and $69,043,400 FED in SFY 05. Projected caseload changes by eligibility group are shown in the table below.

Annual MA Caseload Changes

	Aged	Blind / Disabled	Low Income Families	“Other”*	Total
SFY 03	0.3%	2.4%	21.8%	5.9%	10.6%
SFY 04	2.0%	1.4%	4.4%	7.0%	4.4%
SFY 05	2.1%	1.3%	1.1%	5.0%	2.5%

* The Other eligibility group is comprised mostly of Healthy Start clients

Intensity is a measurement of the extent to which clients utilize more or less services and the extent to which more or less costly services are delivered. It is estimated that intensity changes to MA will cost $55,569,900 GPR and $79,280,500 FED in SFY 04 and an additional $48,390,500 GPR and $69,180,200 FED in SFY 05. The projected increases in drug costs comprise a large portion of the intensity-related increases. Intensity increases due to drugs are $26,544,400 GPR and $37,646,200 FED in SFY 04, and $30,251,600 GPR and $43,032,400 FED in SFY 05.

Intensity changes in utilization of services for HMO enrollees, such as increasing drug costs, are incorporated into managed care capitation rates. In recent past budgets, capitation rates have not kept pace with actual intensity changes. As a result, current capitation rates are at a higher “discount rate” than the Department’s goal of 5%. This reestimate increases capitation rates to achieve a 5% discount. A discount rate greater than 5% may jeopardize continued participation by HMOs. Managed care programs provide a less expensive alternative to MA fee-for-service since capitation rates are set at a discount rate from the fee-for-service equivalent.

The federal financial participation (FFP) rate is projected to increase in the 03-05 biennium and will support some of the projected cost increases. Wisconsin's federal reimbursement rate is projected to increase from 58.43% in FFY 03 to 58.72% in FFY 04. Based on these new rates, the projected federal match for MA will increase from 58.4650% in SFY 03 to 58.6475% in SFY 04 to 58.7200% in SFY 05.

SEG funding is projected to decrease by $105,812,000 in SFY 05 due to insufficient SEG revenue in the Medical Assistance Trust Fund to continue base SFY 03 payments of $297,379,900. Intergovernmental Transfer claims, the source of the SEG revenues, will decrease from $356 million in SFY 03 to $51 million in SFY 04 and $39 million in SFY 05.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 173,096,700	-	$ 360,065,100	-	$ 533,161,800	-
FED	$ 238,056,900	-	$ 361,396,900	-	$ 599,453,800	-
PR						
PRS						
SEG	$ -	-	$ (105,812,000)	-	$ (105,812,000)	-
Total	$ 411,153,600	-	$ 615,650,000	-	$ 1,026,803,600	-

BadgerCare Reestimate
(DIN 5401)

The Department requests $14,363,600 GPR, $862,600 PR, $37,983,900 FED, and a decrease of ($706,700) SEG in FY04 and $23,062,800 GPR, $975,600 PR, $56,544,600 FED and a decrease of ($706,700) SEG in FY05 to support the continued operation of the BadgerCare program. It is projected that BadgerCare expenditures will total $206,124,300 AF ($65,763,100 GPR) in FY04 and $233,384,200 AF ($74,462,300 GPR) in FY05.

The requested increases for PR reflects estimated increases in premium collections from growth in the number of BadgerCare enrollees while the decrease in SEG reflects the projection that revenues in the MA Trust Fund will not be available to sustain current levels of expenditures from that source.

The BadgerCare program is a health insurance program for uninsured low-income families. Uninsured families with dependent children who are not eligible for Medical Assistance (MA) qualify for coverage under BadgerCare if the family's income is below 185% of the federal poverty level (FPL). Families who begin participating in the program when the family's income is less than 185% of the FPL remain eligible until the family's income exceeds 200% of the FPL.

This estimate assumes the fee-for-service equivalent will increase by 6.2% annually in CY 03, CY 04 and CY 05 as occurred in CY 02. Enrollment is projected to increase by 9.1% in FY03, 3.5% in FY 04, and 2.0% in FY 05.

In FY02, the HMO discount rate was 14%. BadgerCare has experienced an increase in the HMO discount rate since increases in the capitation rates have not kept pace with increases in the fee-for-service equivalent. The currently high discount rate has led to a decrease in the number of participating HMOs. The rising discount rate may jeopardize continued participation of existing HMOs. Any further loss of HMO participation would increase overall MA costs since BadgerCare enrollees would then have to be served in the fee-for-service system, which has higher costs because HMO costs are discounted from fee-for-service costs. This reestimate utilizes capitation rates that are estimated to generate a 5% discount rate for HMO providers.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 14,363,600	-	$ 23,062,800	-	$ 37,426,400	-
FED	$ 37,983,900	-	$ 56,544,600	-	$ 94,528,500	-
PR	$ 862,600	-	$ 975,600	-	$ 1,838,200	-
PRS						
SEG	$ (706,700)	-	$ (706,700)	-	$ (1,413,400)	-
Total	$ 52,503,400	-	$ 79,876,300	-	$ 132,379,700	-

SeniorCare Reestimate
(DIN 5402)

The Department requests $37,900,100 GPR, $46,300,000 PR and $90,199,900 FED in FY 04 and $54,494,700 GPR, $53,400,000 PR and $107,105,300 FED in FY 05 to support the current level of benefits under the SeniorCare program.

SeniorCare, established by 2001 Act 16, provides prescription drug assistance to Wisconsin residents over 65 years of age whose income does not exceed 240% of the federal poverty level (FPL) and to those whose income exceeds 240% of the FPL if their prescription drug expenditures bring their net income below the 240% limit (termed spenddown). Participants in SeniorCare are required to pay an annual $20 enrollment fee and co-payments of $15 for each name brand drug and $5 for each generic drug. Also, participants with higher incomes (over 160% of FPL) must first spend $500 (deductible) of their own funds annually for prescription drugs before SeniorCare will reimburse the participant's prescription drug expenditures.

Act 16 provided $49,900,000 GPR to support benefits under the SeniorCare program. Since the program began on September 1, 2002, FY03 funding was based on a ten-month period. On July 1, 2002, Wisconsin's application for a federal waiver to receive federal matching funds under the MA program for SeniorCare was approved for participants with income less than 200% of the Federal Poverty Level (FPL). Although the federal waiver will significantly reduce the need for state funds, the original cost projections substantially underestimated the benefit costs for SeniorCare. Current projections, that include the use of federal funding, anticipate that total SeniorCare costs in FY 03 will total $100 million all funds and $48 million GPR. This funding projection is based on a 10-month period that assumes a ramp-up period for enrollment. If full enrollment occurred in all 12 months of FY 03, it is projected that total SeniorCare costs would be $148.9 million all funds.

The Act 16 amount of $49.9 million GPR represented 10 months of funding based on a projected annualized base of $78.1 million GPR. This estimate assumes annualized FY03 costs of $148.9 million AF. The differences between the two estimates include:

- ✓ The Act 16 amount assumed that the determination of income was based on the total income of all household members. When the program was implemented income determination was based upon the income of the applicant and spouse only. This change increased projected annual cost by $28.7 million.
- ✓ The Act 16 amount did not account for the increase in drug costs that would occur in the year prior to SeniorCare (FY02). Adjusting average drug expenditure costs by an additional year added $17.2 million to the projected costs.
- ✓ The study used to calculate the average drug expenditures incorporated some discount to the retail price of drugs. Elimination of this double discounting adds $14.5 million to the projected costs.
- ✓ A variety of other small adjustments based on updated data.

SeniorCare is expected to reach full enrollment projected at 176,500 participants by the end of FY03. Enrollment is assumed to increase by 1% in FY04 and FY05 due to the estimated growth in the elderly population. In FY04 and FY05 it is assumed drug costs will increase by 13.7%. However since the co-payments and the $500 deductible are fixed in statute these revenues will not increase as the cost of drugs increases and the utilization of new higher priced drugs replaces older ones. Therefore, total benefit expenditures will increase at a rate higher than the increase in drug costs. This factor combined with the 13.7% increase in drug costs yields an estimated increase in benefits costs of approximately 17% annually in the FY04 and FY05 biennium.

Total SeniorCare benefit costs are projected to total $178,000,000 AF ($87,800,100 GPR) in FY 04 and $211,500,000 AF ($104,408,000 GPR) in FY 05, given the assumption of 13.7% annual increases in prescription drug costs per enrollee and flat co-payments and a fixed $500 deductible and 1% population growth. These SeniorCare costs are net of drug rebates revenues, which are projected to total $46,300,000 PR in FY 04 and $53,400,000 PR in FY 05.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 37,900,100	-	$ 54,494,700	-	$ 92,394,800	-
FED	$ 90,199,900	-	$ 107,105,300	-	$ 197,305,200	-
PR	$ 46,300,000	-	$ 53,400,000	-	$ 99,700,000	-
PRS						
SEG						
Total	$ 174,400,000	-	$ 215,000,000	-	$ 389,400,000	-

MA Contracts Reestimate
(DIN 5403)

The Department requests $2,589,900 GPR, $3,565,400 PR and $4,714,200 FED in FY04 and $3,637,600 GPR, $3,601,000 PR and $6,229,400 FED in FY05 to fund the projected costs of

MA contracts and the Client Assistance for Re-employment and Economic Support system (CARES). In addition, the Department requests the transfer of $6,467,800 GPR of CARES funding from the Division of HealthCare Financing's general operations appropriation (s. 20.435(4)(a)) to the MA contracts appropriation (numeric 412 under appropriation s. 20.435(4)(bm)) and the conversion of 2.5 project positions to permanent positions for the administration of the SeniorCare program.

The Wisconsin Medical Assistance program utilizes numerous contracts and agreements for the administration of the Medicaid program. These contracts are funded with GPR and matching federal MA administration funds. The rate of federal match differs between contracts and is contingent upon the type of service that the contract provides. This estimate includes FY04 and FY05 increases associated with the MA fiscal agent and various other MA administrative contracts, projected costs associated with the CARES system, SeniorCare costs, and costs associated with full implementation of the Family Planning Waiver.

This request includes an increase of $938,400 GPR and $3,522,000 FED in FY04 and $1,585,000 GPR and $4,634,700 FED in FY05 for the MA fiscal agent contract and various other Medicaid administration contracts. The state's Medicaid fiscal agent is responsible for claims processing, decision support system (MEDS System) and administration. By contract the payments to the MA fiscal agent increase annually based on an inflation formula. Besides Medicaid fiscal agent costs, there are numerous other contracts that support Medicaid administration. Reestimates of these contracts include funding adjustments to levels that have been experienced in prior years and adjustments to reflect contractual obligations in FY04 and FY05.

The Department's CARES funding needs to be increased by $888,300 GPR, $531,500 FED, $1,899,600 PR, and 538,500 TANF in FY04 and $1,234,400 GPR, $882,900 FED, $1,876,100 PR, and $531,700 TANF in FY05 for the increased costs associated with the CARES system. The CARES system determines eligibility for MA, BadgerCare, SSI Caretaker Supplement, FamilyCare, SeniorCare, W-2, and ChildCare. The first five programs are administered by DHFS and the last two programs are administered by DWD. CARES costs consist of direct and cost allocated charges. The cost allocated charges are allocated among the programs that are supported by the CARES system based on the number of recipients of each program. Because the Department is implementing several new, large programs, particularly SeniorCare and the Family Planning Waiver, the Department's share of CARES costs will increase. Also, total CARES costs will increase due to the additional programs served by CARES. SeniorCare will have an estimated enrollment of 176,500 and the Family Planning Waiver will eventually add 46,000 enrollees to the eligibility system. The CARES related TANF funding is being requested in another budget DIN- The Caretaker Supplement Administration DIN 5602.

This request also includes funding for administration of SeniorCare. Act 16 addresses ongoing operating costs for SeniorCare through the creation of a separate PR appropriation funded by an annual $20 enrollment fee. Based on the projected enrollment of 176,500, the $20 enrollment fee will generate program revenue of $3,530,000 in 2002-03. However, projected costs for the SeniorCare program exceed the $3,530,000 of program revenue. The Department is using one-time savings in FY 03 to cover this shortage. Permanent base funding must be provided in the 03-05 biennium. In addition to CARES costs, SeniorCare will have costs in the following areas: (a) CAPO – customer service, application processing and eligibility determination; (b) MMIS – claims processing, operation and reporting; and (c) staff program administration staffing. Administrative costs for SeniorCare, excluding CARES costs, will total $689,000 GPR, $1,665,800 PR and $586,500 FED in FY04 and $713,700 GPR, $1,724,900 PR and $607,500 FED in FY05. On September 1, 2004, 2.5 FTE project positions for SeniorCare will expire. The Department requests that these 2.5 positions be made permanent since there will be a continued need for these positions to support the SeniorCare program.

Funding must also be increased for the administration of the Family Planning Waiver. In October of 1997, legislation was passed that required the Department to apply for a family planning waiver for women aged 18-44 and below 185% of the federal poverty level. The wavier was submitted on June 25, 1999 and approved on June 14, 2002. The program will go into effect on January 1, 2003. Funding for the administration of the family planning waiver has not been provided. Enrollment in the program is expected to reach 25,000 by the end of the 2003-05 biennium. Administrative funding of $74,200 GPR and $74,200 FED in FY04 and $104,300 GPR and $104,300 FED in FY04 is needed to support the costs of this significant new caseload.

This request also includes a proposal to consolidate the DHFS contractual funding for the CARES system in the MA contracts appropriation to facilitate program and fiscal oversight. FY03 base funding for the Department's portion of the CARES system is $7,039,600 GPR of which $571,800 GPR is used to pay billed programming time for DWD staff in the Bureau of Information Technology Services (BITS). The Department requests to transfer $6,467,800 GPR of this amount to the MA contracts appropriation. CARES funding related to BITS staff must remain in the general operations appropriation since it involves payments for staff at DWD and the MA contracts appropriation cannot be used to fund state staff costs.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 2,589,900	-	$ 3,637,600	-	$ 6,227,500	-
FED	$ 4,714,200	-	$ 6,229,400	-	$ 10,943,600	-
PR	$ 3,565,400	-	$ 3,601,000	-	$ 7,166,400	-
PRS						
SEG						
Total	$ 10,869,500	-	$ 13,468,000	-	$ 24,337,500	-

Disease Aids Reestimate
(DIN 5404)

The Department requests a decrease of ($255,800) GPR and an increase of $273,000 PR in FY 04 and an increase of $762,000 GPR and $273,000 PR in FY 05 in the Disease Aids program. The Disease Aids appropriation funds the Wisconsin Chronic Diseases Program (WCDP), which provides payments for chronic renal disease, adult cystic fibrosis and hemophilia home care supplies. Disease Aids is the payer of last resort for these programs.

To control costs, the 2001-03 Biennial Budget authorized a drug rebate program for disease aids, comparable to the Medicaid (MA) drug rebate program. As a condition of having their drugs available for purchase under this program, drug manufacturers are required to enter into rebate agreements with the state. Revenues from this program will be used to offset a portion of the program's costs. In addition, in July 2002 the Department increased the drug co-payments paid by clients from $1 to $5 for generic drugs and from $1 to $10 for brandname drugs. Revenues from the drug rebate and drug copayment programs are expected to offset expenditures by approximately $575,000 annually. The Department requests an increase of $273,000 PR annually for anticipated drug rebate funds.

Caseloads and expenditures are anticipated to continue growing in all three Disease Aids programs. For FY 04 and FY 05, a 10% inflation increase, which is the average increase over the last eight years, has been applied to FY 03 estimated expenditures. This projected increase has been adjusted to take into consideration the estimated drug rebate revenue and increased co-payments in the program.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(255,800)	-	$ 762,000	-	$ 506,200	-
FED						
PR	$ 273,000	-	$ 273,000	-	$ 546,000	-
PRS						
SEG						
Total	$ 17,200	-	$ 1,035,000	-	$ 1,052,200	-

Food Stamps
(DIN 5405)

The Department requests an increase of $82,100 GPR, a decrease of ($2,377,100) PR, and an increase of $3,039,300 FED (Income Augmentation funding) in FY04 and a decrease of ($82,100) GPR, a decrease of ($2,478,400) PR, and an increase of $2,542,600 FED (Income Augmentation funding) in FY05 to meet projected costs in the Food Stamps program. The Food Stamps program was transferred from the Department of Workforce Development (DWD) to DHFS on July 1, 2002. This budget item addresses the following three components of the Food Stamps program:

- Food Stamps for Immigrants: The state provides GPR-funded food stamps benefits for certain immigrants who are not eligible for federally-funded food stamps. GPR funding for this program is reestimated to reflect recent federal action which reestablishes eligibility for federal food stamps for certain immigrants.
- Electronic Benefits Transfer (EBT) Contract: The state contracts for an electronic benefits transfer (EBT) system for Food Stamps. The cost of the EBT contract is reestimated to reflect projected food stamp caseload increases.
- Food Stamp Reinvestment: Due to error rates exceeding the national average, Wisconsin has been subject to federal food stamp penalties since federal fiscal year 1994. The cost of federal food stamps penalty and reinvestment obligations is projected for the 03-05 biennium.

The Department is proposing to reallocate the GPR savings from the Food Stamps for Immigrants program reestimate to meet the 03-05 EBT Food Stamps contract needs and a portion of the 03-05 Food Stamps Reinvestment obligations. The Department is proposing to use $2,327,600 of SFY02 and $3,254,200 of SFY03 FED income augmentation revenue to meet the balance of the Food Stamps Reinvestment obligations. In the spring 2003, the Department plans to submit a revised Food Stamp budget request so as to utilize any available excess federal revenue accumulated by DHFS and by DWD between fall 2002 and spring 2003 and reduce the income augmentation requested funding by an equivalent amount.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 82,100	-	$ (82,100)	-	$ -	-
FED	$ 3,039,300	-	$ 2,542,600	-	$ 5,581,900	-
PR	$ (2,377,100)	-	$ (2,478,400)	-	$ (4,855,500)	-
PRS						
SEG						
Total	$ 744,300	-	$ (17,900)	-	$ 726,400	-

Graduate Medical Education
(DIN 5410)

The Department requests a reduction of ($7,900,000) GPR and ($11,204,000) FED in SFY 04 and ($7,900,000) GPR and ($11,237,600) FED in SFY 05 to eliminate the rate enhancement for indirect medical education costs. The Department plans to maintain the current MA inpatient hospital rate enhancement for direct medical education costs.

Wisconsin hospitals are eligible for an enhanced reimbursement for inpatient hospital services under the state's fee-for-service MA program based on costs associated with training interns and residents relative to MA patients. This Graduate Medical Education (GME) rate enhancement is based on both direct and indirect costs. Hospitals are also eligible for a GME rate enhancement under Medicare.

The GME rate enhancement for direct costs reflects hospital costs of salaries and fringe benefits for interns, residents and teaching physicians associated with providing services to fee-for-service MA patients. The GME rate enhancement for indirect medical education is based on a ratio of interns and residents to the number of hospital beds. Reimbursement is increased approximately 7.7% for every 10% increase in the ratio of residents and interns to hospital beds.

Due to current budget conditions, the Department proposes to eliminate a rate enhancement for indirect GME costs, but maintain the rate enhancement for direct GME costs. Federal studies suggest the rate enhancement for indirect costs may exceed the actual marginal cost of providing medical education. In addition, GME rate enhancements do not directly benefit MA recipients and GME reimbursement is optional under federal Medicaid law.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (7,900,000)	-	$ (7,900,000)	-	$ (15,800,000)	-
FED	$ (11,204,000)	-	$ (11,237,600)	-	$ (22,441,600)	-
PR						
PRS						
SEG						
Total	$ (19,104,000)	-	$ (19,137,600)	-	$ (38,241,600)	-

Medicare Crossover Claims for Outpatient Hospitals
(DIN 5411)

The Department requests a reduction of ($2,726,900) GPR and ($3,824,700) FED in FY04 and a reduction of ($4,294,000) GPR and ($6,108,200) FED in FY05 and .5 GPR FTE and 1.5 FED FTE beginning in FY04 to reflect the implementation of a revised system of Medicaid reimbursement for Medicare crossover claims for outpatient hospital services and to provide a rate increase to hospitals. The Medicaid program pays “crossover claims” for services provided to patients eligible for both Medicare and Medicaid. Under federal rules, crossover payments are required in Medicaid for elderly and disabled persons with income below 100% of the Federal Poverty Level. Federal rules require that Medicaid pay for a recipient’s deductibles and copayments under Medicare. However, federal rules allow a state to limit copayments and deductibles if the sum of Medicare payments and related copayments and deductibles exceed the MA reimbursement rate. Currently, Wisconsin does not fully utilize this allowed limitation. The Department proposes to modify Medicaid payments for Medicare crossover claims by limiting the crossover payment to the difference between the Medicaid rate per visit and the sum of all Medicare payments for services during that visit. As part of this budget proposal the Department is requesting $108,000 all funds ($27,00 GPR and $81,000 FED) in FY 04 to support system changes to implement the new methodology for Medicare crossovers. The Department proposes to reallocate a portion of the savings generated under the new payment methodology, $3,550,000 in FY 04 and $7,100,000 all funds in FY 05, to provide a rate increase to hospitals. The Department plans to use the reallocated funding to “hold harmless” the hospital outpatient rates. The balance of the reallocated funding would be used for payments to hospitals under the Disproportionate Share (DSH) program.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (2,726,900)	0.50	$ (4,294,000)	-	$ (7,020,900)	0.50
FED	$ (3,824,700)	1.50	$ (6,108,200)	-	$ (9,932,900)	1.50
PR						
PRS						
SEG						
Total	$ (6,551,600)	2.00	$ (10,402,200)	-	$ (16,953,800)	2.00

Reimbursements for Oxygen and End Stage Renal Dialysis (DIN 5412)

The Department requests a reduction of ($2,500,000) GPR and ($3,545,600) FED in FY04 and ($2,500,000) GPR and ($3,556,200) FED in FY05 to reflect savings from implementing Medicaid system and rate changes for oxygen and end stage renal dialysis (ESRD) at free standing clinics.

Currently, Medicaid pays a significantly higher rate than Medicare for oxygen services. Medicaid policies reimburse for equipment rental, accessories, and oxygen content separately while Medicare reimburses for all three of these items in one daily rental rate. By switching to a daily rate reimbursement system and paying Medicare's rates, the Wisconsin Medicaid program would save $1,300,000 GPR and $1,843,700 FED in FY04 and $1,300,000 GPR and $1,849,200 FED in FY05.

Medicaid provides ESRD benefits to approximately 3,300 recipients at hospitals and freestanding clinics. Hospitals are paid their established Medicaid outpatient rate while free-standing clinics are reimbursed at approximately 95%-100% of their billed charges, which are equal to their usual and customary charges. By adopting Medicare's reimbursement rates for reimbursement of ESRD services at freestanding clinics Medicaid would save $1,200,000 GPR and $1,701,900 FED in FY04 and $1,200,000 GPR and $1,707,000 FED in FY05.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (2,500,000)	-	$ (2,500,000)	-	$ (5,000,000)	-
FED	$ (3,545,600)	-	$ (3,556,200)	-	$ (7,101,800)	-
PR						
PRS						
SEG						
Total	$ (6,045,600)	-	$ (6,056,200)	-	$ (12,101,800)	-

Cap Durable Medical Equipment Rental Payments (DIN 5413)

The Department requests a reduction of ($311,500) GPR and ($441,800) FED in FY04 and ($623,000) GPR and ($886,200) FED in FY05 to reflect savings from capping Medicaid durable medical equipment (DME) rental payments at the equipment's purchase price.

Currently, Medicaid reimburses for the rental cost of DME without any limit on the total amount of rental payments. The Medicaid reimbursement for long-term rental can at times exceed the purchase price of the equipment. This request would adopt a DME policy similar to the Medicare policy and limit DME rental payments to the purchase price of the equipment. Once the rental payments total the purchase price of the equipment, the equipment would belong to the MA recipient. In order to insure that the equipment is maintained, the DME provider would still be paid a maintenance and service fee at periodic predetermined intervals to maintain the equipment.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(311,500)	-	$ (623,000)	-	$ (934,500)	-
FED	$(441,800)	-	$ (886,200)	-	$ (1,328,000)	-
PR						
PRS						
SEG						
Total	$(753,300)	-	$ (1,509,200)	-	$ (2,262,500)	-

MA SSI Managed Care Expansion
(DIN 5420)

The Department requests a reduction of ($831,300) GPR and ($1,179,000) FED in FY04 and a reduction of ($3,000,200) GPR and ($4,268,000) FED in FY05 to reflect the impact of changing the SSI Managed Care program in Milwaukee County from a voluntary program to a mandatory program and expanding the SSI managed care program on a voluntary basis to twelve other counties. The net funding request is comprised of a decrease in MA benefits costs of ($895,300) GPR and ($1,269,800) FED in FY04 and a decrease of ($3,064,200) GPR and ($4,358,800) FED in FY05 and an increase in program administration of $64,000 GPR and $90,800 FED annually in FY04 and FY05.

The Department has set a goal of increasing the use of managed care in the MA program to achieve more effective coordination and delivery of care, better health outcomes, and more efficient use of resources. SSI adults with disabilities residing in the community are a high cost fee-for-service (FFS) population in the MA program. A significant portion of the FFS cost is due to the use of inpatient hospital services, emergency room services and outpatient hospital services for preventable conditions. The cost for these preventable conditions can, in part, be attributed to a lack of access to providers, non-compliance with treatment, and a lack of funding for alternative supports. Implementation of a managed care system for SSI adults with disabilities will provide improved care coordination, improved provider access, and more effective patient treatment.

Mandatory enrollment would only be applied to MA only recipients in Milwaukee County. Individuals eligible for Medicare and MA (dual eligibles) can only be enrolled into managed care on a voluntary basis due to federal Medicare regulations. Individuals that are in the community support program, in any other managed care capitated program (such as the Partnership programs and Family Care), or in a waiver program would be exempt from mandatory enrollment. Persons who are required to reside in a nursing home for more than 90 days will also be automatically disenrolled from the program.

This estimate assumes a 90% mandatory enrollment level for Medicaid only eligibles and 10% voluntary enrollment for dual eligibles in Milwaukee County. Enrollment in all other expansion counties assumes a 10% enrollment level for both MA-only and dual eligibles. Managed care will generate savings since the capitation rate is based on the fee-for-service equivalent cost less a 5% discount. The $154,800 AF for program administration will be used for contractual services including an enrollment contractor, ombudsmen services, and system modifications.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (831,300)	-	$ (3,000,200)	-	$ (3,831,500)	-
FED	$ (1,179,000)	-	$ (4,268,000)	-	$ (5,447,000)	-
PR						
PRS						
SEG						
Total	$ (2,010,300)	-	$ (7,268,200)	-	$ (9,278,500)	-

Managed Care for Children in Out-of Home Care
(DIN 5421)

The Department requests $182,600 GPR and $182,600 FED in FY04 and $183,500 GPR and $183,500 FED in FY05 and 1.0 FTE GPR and 1.0 FTE FED beginning in FY04 to provide technical support and quality assurance, monitor and evaluate a new managed care program for out-of-home children in Milwaukee County, and to implement temporary Medicaid cards and individual health claims histories for out-of-home children statewide.

Children in out-of-home care currently receive medical care through the Medicaid fee-for-service system. In January of 2003, the Department is planning to implement a voluntary managed care program for out-of-home children in Milwaukee County. Implementation of a managed care system for out-of home children in Milwaukee County will provide improved care coordination, provider access, and more effective treatment. Implementation of this specialized managed health care delivery system is different from managed care programs for other populations.

To ensure that implementation is successful the Department is requesting $163,100 GPR and $163,100 FED in FY04 and $166,500 GPR and $166,500 FED in FY05 and 1.0 FTE GPR and 1.0 FTE FED beginning in FY04 to evaluate the program, implement a quality assurance/improvement program, and acquire technical staff to monitor the program and provide technical assistance. To evaluate the program a qualified external party would be hired to conduct a comprehensive objective evaluation. To implement a quality improvement program, the Department would contract with a registered nurse to plan, develop, implement, and coordinate quality improvement strategies. This person will be responsible for preparation of clinical specifications for quality indicators, preparation of reports and surveys, provision of clinical and technical consultation for the implementation of policies, and for developing training to correct deficiencies identified in the quality improvement process. Also, due to the complexity of an out-of-home managed care program the Department is requesting two contract specialist positions to be located in the Bureau of Milwaukee Child Welfare to work exclusively with the managed care entities and community organizations involved with children in out-of-home care to monitor contracts and provide technical assistance to the contracting agency, providers, and social workers.

In March of 2002, the Department began making available temporary Medicaid identification cards and individual health care claim histories for children in out of home care in the Milwaukee child welfare system. These two policies have been well received and have assisted in delivering more appropriate, timely, and effective health care for out-of-home children. Due to the success of these policies in Milwaukee County, this request includes $19,500 GPR and $19,500 FED in FY04 and $17,000 GPR and $17,000 in FY05 to implement temporary Medicaid cards and individual health claims histories for out-of-home children statewide.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 182,600	1.00	$ 183,500	1.00	$ 366,100	2.00
FED	$ 182,600	1.00	$ 183,500	1.00	$ 366,100	2.00
PR						
PRS						
SEG						
Total	$ 365,200	2.00	$ 367,000	2.00	$ 732,200	4.00

Medical Home
(DIN 5422)

The Department requests $5,100 GPR and $5,100 FED in one-time funding in FY 04 to develop certification materials for a medical home program and $190,700 GPR and $271,300 FED in FY 05 to provide Medical Assistance reimbursement for medical home benefits to medically complex children with special health care needs.

A "medical home" is a system of coordinated medical care for children with special health care needs. The medical home is a system in which primary care physicians (or, in some cases, specialists) assume responsibility for coordinating medical care among all the health care providers to children with special health care needs. In addition, the providers maintain a relationship with the child's family that allows the family timely access to information about their child's treatment. The goal of a medical home is to provide these children with optimal health care through this coordination of care.

The Department proposes to provide a medical home program for children with highly complex medical needs by reimbursing primary care physicians or specialists for face-to-face medical consultations and prolonged evaluation and management services under existing Medicaid procedure codes. In order to be reimbursed as a medical home provider, a physician would have to undergo training and become certified. In FY 04 the Department will design and implement the certification process. The program will become operational in FY 05. It is projected that 25 physicians will be certified in FY 05.

Prior authorization for medical home benefits would be required. Access to the program will be controlled through the prior authorization mechanism so that only children with highly medically complex special health care needs will be eligible for coverage of medical home services. Providers will be reimbursed for up to three one-hour evaluation and management service reviews a month, at a rate of $80/hour. In addition, providers will be reimbursed for two one-hour medical team conferences annually, at a rate of $100/hour.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 5,100	-	$ 190,700	-	$ 195,800	-
FED	$ 5,100	-	$ 271,300	-	$ 276,400	-
PR						
PRS						
SEG						
Total	$ 10,200	-	$ 462,000	-	$ 472,200	-

Prenatal Care Coordination Program Expansion (DIN 5423)

The Department requests $308,600 GPR and $439,000 FED in FY 05 for increased Medicaid costs of the program associated with the expansion of the Prenatal Care Coordination (PNCC) program. The PNCC program currently provides services to Medicaid-eligible women throughout their pregnancies and up to 60 days after delivery. This request provides PNCC coverage to Medicaid recipients in all counties until the child is one year old. Services help a recipient and, when appropriate, the recipient's family gain access to medical, social, educational and other services related to a recipient's pregnancy.

PNCC providers generally build strong relationships with recipients and the continuation of this relationship is especially important for teens. The primary beneficiaries of PNCC expansion will be teens under age 19 and adult women who need the continued support of care coordination, including first-time mothers, mothers with a substance abuse problem, mothers with no family or social support, and mothers who are cognitively delayed. An extension will provide time to link recipients with programs that provide early parenting skills and refer mothers at risk for postpartum depression to a health care professional. Data indicates that children under age five are at greater risk for abuse and neglect than are older children. Anticipated outcomes of this policy change include a reduction in the number of repeat teen pregnancies, continuity of care, improved child and maternal health outcomes, and a reduction in the incidence of child abuse and neglect.

The Department proposes to implement the expansion in FY 05. This will enable Department staff to engage in planning in FY 04 to ensure the effective implementation of this program.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ 308,600	-	$ 308,600	-
FED	$ -	-	$ 439,000	-	$ 439,000	-
PR						
PRS						
SEG						
Total	$ -	-	$ 747,600	-	$ 747,600	-

MA for Youths Leaving Out-of-Home Care
(DIN 5424)

The Department requests $339,100 GPR and $407,700 FED in SFY 04 and $491,300 GPR and $698,900 FED in SFY 05 to phase in an expansion of MA eligibility to youths who age out of out-of-home care. Under this proposal, youths who turn 18 while in out-of-home care and were in out-of-home care for at least one year (12 consecutive months) would be eligible for MA through age 20.

Children and youths in out-of-home care have higher than average health care needs particularly in the areas of mental health, chronic recurrent diseases and substance abuse. These needs, which continue and may intensify into adulthood, are unmet when the youths leave out-of-home care, turn 19, and lose MA. The Chafee Foster Care Independence Act of 1999 allows states to claim federal MA matching funds to support health care under MA for these youths through age 20. Extended MA eligibility could reduce future health care costs by limiting breaks in health care coverage, increasing preventative care and maintaining treatment regimens for chronic conditions. Additionally, extended MA eligibility could reduce long-term social costs by addressing mental health and substance abuse issues before complications from these health problems negatively affect family relationships, productivity and personal achievement.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 339,100	-	$ 491,300	-	$ 830,400	-
FED	$ 407,700	-	$ 698,900	-	$ 1,106,600	-
PR						
PRS						
SEG						
Total	$ 746,800	-	$ 1,190,200	-	$ 1,937,000	-

MA Income Limit for Elderly / Disabled
(DIN 5425)

The Department requests $399,400 GPR and $566,400 FED in SFY 04 and $801,700 GPR and $1,140,500 FED in SFY 05 to increase allowable income under medically needy rules of MA eligibility annually by the same rate increase applied to the Supplemental Security Income (SSI) threshold each year.

Under current law, allowable income under medically needy rules for individuals living in the community and not receiving MA waiver services is set at 133% of the AFDC payment level. This level, equal to $592 per month, is the same for both individuals and couples. Allowable income under categorical eligibility rules is based on the SSI payment level and is adjusted each year for cost of living increases. Allowable income under categorical rules is $629 for an individual and $949 for a couple. The difference between the two eligibility groups is $37 per month for individuals and $357 per month for couples. Because allowable income under medically needy rules is frozen, the income gap between these two eligibility categories increases over time. This change will prevent further increases in the gap between medically needy and categorically needy allowable income and will allow elderly, blind and disabled individuals living in the community to retain income as the cost of living increases and avoid becoming increasingly impoverished. This change will improve equity among MA eligibility groups.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 399,400	-	$ 801,700	-	$ 1,201,100	-
FED	$ 566,400	-	$ 1,140,500	-	$ 1,706,900	-
PR						
PRS						
SEG						
Total	$ 965,800	-	$ 1,942,200	-	$ 2,908,000	-

MA for Breast and Cervical Cancer
(DIN 5426)

The Department requests $8,200 GPR and $20,100 FED in FY 04 and $17,400 GPR and $42,500 FED in FY 05 to expand MA coverage under the Wisconsin Well Women Program to all groups required by federal regulations. Expanded coverage would be for women diagnosed with a pre-cancerous condition of the breast or cervix and women with health care coverage through the Indian Health Service (IHS) or other tribal organization.

Act 16 included a provision to expand MA eligibility to women screened and diagnosed with breast or cervical cancer under Wisconsin's National Breast and Cervical Cancer Early Detection Program, called Wisconsin Well Women Program (WWWP). Two changes at the federal level have made the Act 16 provision inconsistent with the federal regulations allowing the expansion. In order to comply with federal regulations, Wisconsin must cover, under the expansion, women who have been screened under WWWP and have been diagnosed with a pre-cancerous condition of the breast or cervix and women who have health care coverage through the IHS or other tribal organization. Current state law excludes these two groups.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 8,200	-	$ 17,400	-	$ 25,600	-
FED	$ 20,100	-	$ 42,500	-	$ 62,600	-
PR						
PRS						
SEG						
Total	$ 28,300	-	$ 59,900	-	$ 88,200	-

Removing AFDC-Unemployed Parent Rules in Medicaid (DIN 5427)

The Department requests a reduction of ($12,800) GPR and an increase of $12,800 FED in FY 04 and a reduction of ($17,200) GPR and an increase of $17,200 FED in FY 05 to reflect a revision of the AFDC-unemployed parent rules in Medicaid. The GPR savings are the result of an anticipated increase in Title IV-E eligibility for children in foster care due to the less restrictive definition of unemployed parent for MA eligibility.

In order to qualify for AFDC and AFDC-related MA, a family must have at least one child who is deprived of parental support in some manner. A child can meet the deprivation test if one of the parents is unemployed or underemployed. In August 1998, the Health Care Financing Administration issued new AFDC regulations that allow states to adopt a less restrictive definition for an underemployed parent. The Department proposes, under these less restrictive federal rules, to base MA eligibility for underemployed parents on income alone. This change will allow approximately 500 individuals covered under BadgerCare to become MA eligible with no net cost to the state. Children in the child welfare system whose costs would not have been eligible for Title IV-E federal match funding because their families did not meet AFDC eligibility criteria due to consideration of work hours would become Title IV-E eligible, enabling the Department to capture federal Title IV-E funding. This proposed change will also simplify MA eligibility determinations decreasing local agency workload.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(12,800)	-	$(17,200)	-	$(30,000)	-
FED	$ 12,800	-	$ 17,200	-	$ 30,000	-
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Nursing Home Bed Assessment
(DIN 5430)

The Department requests a reduction of ($6,547,000) GPR, an increase in SEG revenue and expenditures of $11,210,000, $6,547,000 FED and $5,473,700 PR in FY 04 and a reduction of ($6,934,100) GPR, an increase in SEG revenue and expenditure of $11,475,800, $6,934,100 FED, and $5,364,200 PR in FY 05. These requests are for proposed changes in the nursing home bed assessment. Specifically, the following changes are proposed:

- Change the nursing facilities bed assessment from an assessment on occupied licensed beds to an assessment on licensed beds.
- Eliminate current exemptions to the assessment so that all licensed beds are assessed including beds whose costs are paid under Medicare and licensed beds in state-owned or operated and federally owned or operated facilities.
- Decrease the assessment per nursing home licensed bed to $27 and increase the assessment per ICF-MR licensed bed to $408.

These changes will create an incentive for nursing facilities to delicense beds that are not expected to be occupied in the foreseeable future. This change will also reduce nursing home and Department workload and will increase net state revenue by approximately $6.5 million in FY 04 and $6.9 million in FY 05 without a net cost to providers as a group.

The proposed change will also generate additional federal matching funds without any net costs to providers as a group. This proposal increases MA payments to providers so that the additional taxes are budget neutral to providers as a group.

The Department is proposing that the assessment revenue be deposited in the Medical Assistance Trust Fund to ensure a connection between the provider assessment and MA payments.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (6,547,000)	-	$ (6,934,100)	-	$ (13,481,100)	-
FED	$ 6,547,000	-	$ 6,934,100	-	$ 13,481,100	-
PR	$ 5,473,700	-	$ 5,364,200	-	$ 10,837,900	-
PRS						
SEG	$ 11,210,000	-	$ 11,475,800	-	$ 22,685,800	-
Total	$ 16,683,700	-	$ 16,840,000	-	$ 33,523,700	-

MA Divestment
(DIN 5431)

The Department requests a reduction of ($168,800) GPR and ($260,600) FED in FY04 and a reduction of ($162,500) GPR and ($255,300) FED in FY05 and an increase of 1.0 GPR FTE and 1.0 FED FTE beginning in FY04 to reflect savings from proposed changes to the divestment statutes and to hire two attorneys for support of the state's divestment policies. The net funding request is comprised of a decrease in MA benefits costs of $219,500 GPR and $311,300 FED in FY04 and a decrease of $219,500 GPR and $312,200 FED in FY05 and an increase in program administration of $50,700 GPR and $50,700 FED in FY04 and $57,000 GPR and $57,000 FED in FY05 to hire two attorneys.

To become eligible for Medicaid, individuals must meet asset and income requirements. Divestment regulations are intended to prevent persons from becoming Medicaid eligible by disposing of resources for less than fair market value.

This request seeks to strengthen divestment statutes by 1) preventing individuals from becoming MA eligible through the use of annuities and similar transfers, 2) strengthening statutes to ensure resources allocated for the community spouse are for the sole benefit of the community spouse, and 3) hiring two attorneys to assist local agency workers with questions about trust documents, annuity agreements, insurance policies, funeral agreements and other financial arrangements. The attorneys would review legal agreements and documents used for resource transfers and defend divestment laws in fair hearings and in court.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(168,800)	1.00	$(162,500)	1.00	$(331,300)	2.00
FED	$(260,600)	1.00	$(255,200)	1.00	$(515,800)	2.00
PR						
PRS						
SEG						
Total	$(429,400)	2.00	$(417,700)	2.00	$(847,100)	4.00

Expand Estate Recovery
(DIN 5432)

The Department requests a reduction of ($48,200) GPR and ($68,400) FED and an increase of $116,600 PR in FY04 and a reduction of ($359,200) GPR and ($521,400) FED and an increase of $929,800 PR in FY05 and an increase of 1.0 FTE beginning in FY05 to reflect changes to the Estate Recovery Program. The funding request is comprised of two components: (a) a decrease in MA benefits costs of ($48,200) GPR and ($68,400) FED in FY04 and ($383,800) GPR and ($546,000) FED in FY05 resulting from expanding the estate recovery program and (b) an increase in program administration of $24,600 GPR and $24,600 FED in FY05 for 1.0 FTE collections specialist to handle the increase in workload associated with the expansion and to issue recipient notices. Once fully implemented in five years, the annualized savings from this expansion is expected to be $710,800 GPR and $1,008,100 FED.

The proposed changes include:

- ✓ Expanding the estate recovery program to recover for all MA services received by individuals 55 years of age and older except for prescription drugs. Currently in Wisconsin, only certain Medicaid services related to long-term care are subject to estate recovery.
- ✓ Expanding the definition of property to include all real property in which the recipient has an ownership interest. Currently, real property other than a home is not subject to placement of a lien by the Medicaid program.
- ✓ Recovering for the PACE and Partnership programs under the estate recovery provisions. Currently these programs are excluded from estate recovery activities.

These changes in the program will increase the number of claims and liens and 1.0 FTE collection specialist is requested to meet the anticipated workload due to these expansions in the program.

Through the Medicaid Estate Recovery Program (ERP) the state seeks repayment of certain long-term care Medicaid benefits provided to recipients. Recoveries are made from the estates of recipients and from liens placed on homes. The recovered funds are returned to the Medicaid Program.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (48,200)	-	$(359,200)	0.50	$ (407,400)	0.50
FED	$ (68,400)	-	$(521,400)	0.50	$ (589,800)	0.50
PR	$ 116,600	-	$ 929,800	-	$ 1,046,400	-
PRS						
SEG						
Total	$ -	-	$ 49,200	1.00	$ 49,200	1.00

Special Enrollment for Health Insurance Premium Payment
(DIN 5433)

The Department requests a reduction of ($129,200) GPR and ($275,800) FED annually in FY04 and FY05 to reflect savings from requiring BadgerCare or Medicaid individuals eligible for the Health Insurance Premium Payment program (HIPP) to be immediately enrolled in the employer sponsored plan.

A Medicaid or BadgerCare individual becomes eligible for the HIPP program when the Department determines that it would be more cost effective to pay the premiums of an employer sponsored health insurance plan than to allow the recipient to remain on BadgerCare or Medicaid. Currently, HIPP eligible families or employees must wait until the employer's open enrollment period to be enrolled in an employer sponsored insurance plan. This proposal would change the statutes to make HIPP eligibility a "qualifying event" and require a family or individual to be immediately enrolled in the employer sponsored health plan if they qualify for HIPP.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(129,200)	-	$(129,200)	-	$(258,400)	-
FED	$(275,800)	-	$(275,800)	-	$(551,600)	-
PR						
PRS						
SEG						
Total	$(405,000)	-	$(405,000)	-	$(810,000)	-

MA Program Integrity Enhancement
(DIN 5434)

The Department requests $12,800 GPR, $38,400 FED and 1.0 FTE in SFY 04 and a reduction of ($154,100) GPR and ($194,800) FED in SFY 05 due to adding a Nurse Consultant to the Bureau of Health Care Program Integrity for increased auditing activity.

The Bureau of Health Care Program Integrity (BHCPI) carries out the Department's statutory authority to review MA and BadgerCare payments to MA certified providers and recover improper payments. Rising costs in the state's MA program increase the importance of ensuring only legitimate and appropriate claims are reimbursed. With current staff, BHCPI is able to audit only 4% of MA providers and only 33% of the different provider types. BHCPI estimates that 7% of total MA and BadgerCare payments are incorrect. The estimated 7% incorrect payments equal approximately $241 million AF (based on FY 02 data). Actual FY 02 recoveries were $12 million AF. The Department proposes to increase BHCPI staff by 1.0 FTE Nurse Consultant. The requested position would decrease the number of possible cases of improper claiming not investigated as well as decrease the amount of identified improperly paid claims not recovered. It is projected that the new position, once trained, will produce an additional $169,500 GPR in recoveries beginning SFY 05.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 12,800	0.25	$(154,100)	0.25	$(141,300)	0.50
FED	$ 38,400	0.75	$(194,800)	0.75	$(156,400)	1.50
PR						
PRS						
SEG						
Total	$ 51,200	1.00	$(348,900)	1.00	$(297,700)	2.00

Spousal Impoverishment Asset Limit (DIN 5435)

The Department requests a reduction in the MA benefits appropriation of ($45,900) GPR and ($65,100) FED in FY04 and a reduction of ($137,600) GPR and ($195,700) FED in FY05 to reflect changing the spousal impoverishment asset limit to comply with federal regulations that require a single uniform limit.

To become eligible for Medicaid, individuals must meet asset and income requirements. Spousal impoverishment laws are designed to prevent the impoverishment of the non-institutionalized spouse of an institutionalized MA recipient by reserving part of the couple's income and resources for the support of the spouse who is not institutionalized.

Federal law provides states discretion in establishing the asset threshold for spousal impoverishment within limits. These limits are increased each year by the same rate as the increase in the Consumer Price Index. In calendar year 2002 the range is $17,856 to $89,280. Wisconsin has incorrectly interpreted the federal law by calculating the community spouse asset share to be different amounts within this range depending on the couple’s total assets. Under current law, the community spouse can retain an asset amount equal to the greater of $50,000 or ½ of the couple’s assets (but not to exceed the federal maximum). This provision violates federal regulations since federal regulations require that the limit be a uniform amount for all couples. To conform to federal law, Wisconsin needs to set a single standard that can be transferred.

To comply with federal law it is proposed that state law be changed to adopt $50,000 as the single standard amount of assets that can be transferred from the institutionalized spouse to a community spouse. Compared to current law, this would lower the asset limit for couples that have assets greater than $100,000 since couples can currently transfer up to ½ of assets (if less than the federal maximum).

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (45,900)	-	$(137,600)	-	$(183,500)	-
FED	$ (65,100)	-	$(195,700)	-	$(260,800)	-
PR						
PRS						
SEG						
Total	$(111,000)	-	$(333,300)	-	$(444,300)	-

HIRSP Reestimate
(DIN 5440)

The Department requests $64,374,000 SEG in FY04 and $127,336,400 SEG in FY05 to support the estimated increases in the Health Insurance Risk Sharing Program (HIRSP). Created by the Legislature in 1980, the Health Insurance Risk-Sharing Plan (HIRSP) provides major medical health insurance coverage to Wisconsin residents who are either unable to find adequate health insurance coverage in the private market due to their medical conditions or have lost their employer-sponsored group health insurance. Costs for the HIRSP program are funded by policyholder premiums, insurance assessments, provider payment rate reductions, and state General Purpose Revenue (GPR). In FY02, HIRSP expenditures totaled $70,197,684, of which $65,283,905 SEG was for benefits and $4,913,779 was for administration. In FY03, the plan's actuaries expect that HIRSP expenditures will total $99,884,700 SEG.

The estimated benefits increase is $63,493,700 SEG in FY04 and $125,928,900 SEG in FY05. The projected increase in benefits is due to an estimated increase in enrollment of 25.0% in FY04 and 22.0% in FY05, which reflects recent experience. In the last three years average enrollment increases have exceeded 21.5%. There may be several factors contributing to this trend. In 1998 HIRSP became the state's HIPAA compliance plan, which allows individuals to enroll when they lose their employer-sponsored health insurance. Also, enrollment is affected by changes in the private market. As fewer companies issue high-risk policies and as companies reduce benefits, more people qualify for HIRSP.

The estimated administrative increase is $880,300 SEG in FY04 and $1,407,500 SEG in FY05. HIRSP administrative costs include expenses for plan administration, policy management, actuarial services, department administration, medical consultants, postage costs and legal and referral fees. Most administrative costs are contracted costs for the HIRSP plan administrator. The FY04 and FY05 administration estimate increases variable costs by 25% in FY04 and 22% in FY05 based on the anticipated enrollment increases and increases fixed costs by 5% per year due to required contractual increases. The FY04 and FY05 projected administrative costs are based on the FY03 administrative expenditures excluding one-time costs.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS						
SEG	$ 64,374,000	-	$ 127,336,400	-	$ 191,710,400	-
Total	$ 64,374,000	-	$ 127,336,400	-	$ 191,710,400	-

HIRSP GPR Reduction
(DIN 5441)

The Department requests a decrease of ($2,000,000) GPR annually in FY04 and FY05 from the Health Insurance Risk Sharing Program's (HIRSP) GPR benefits funding. The GPR funding for HIRSP benefits for FY03 is $9,500,000.

Created by the Legislature in 1980, the Health Insurance Risk-Sharing Plan (HIRSP) provides major medical health insurance coverage to Wisconsin residents who are either unable to find adequate health insurance coverage in the private market due to their medical conditions or have lost their employer-sponsored group health insurance. After deducting GPR benefits funding ($9,500,000 GPR in FY03), the expenses of the plan are distributed 60% to policyholders, 20% to insurance companies and 20% to providers. The premium and deductible subsidy costs are distributed 50% to insurance companies and 50% to providers after subtracting the GPR premium and deductible funding ($741,800 GPR in FY03).

HIRSP costs for providers, policyholders, and insurers is estimated to be approximately $151,445,100 SEG in FY04 and $214,407,500 SEG in FY05. Eliminating $2,000,000 of the GPR operation subsidy would increase costs for policyholders by $1,200,000 in FY04 and FY05, or 1.2% in FY04 and 0.8% in FY05, and increase costs to both insurance companies and providers by $400,000 in FY04 and FY05, or 1.1% in FY04 and 0.8% in FY05.

In the past prior to 1997, the HIRSP program operated without any GPR funding for HIRSP benefits. A number of states operate their risk sharing programs without state funding.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ (2,000,000)	-	$ (2,000,000)	-	$ (4,000,000)	-
FED						
PR						
PRS						
SEG						
Total	$ (2,000,000)	-	$ (2,000,000)	-	$ (4,000,000)	-

HIRSP Procurement
(DIN 5442)

The Department requests $46,100 SEG in FY04 and $51,900 SEG in FY05 and 1.0 SEG project FTE beginning in FY04 to support the competitive procurement of a HIRSP plan administrator. Currently, the Medicaid fiscal agent is required to be the HIRSP plan administrator. The Department is requesting a statutory language change to eliminate this restriction. This will enable the Department to contract with the most cost-effective plan administrator. At the end of 2005 the current Medicaid fiscal agent contract will expire and a new request for proposal for a Medicaid fiscal agent will be issued. In conjunction with the procurement for a new Medicaid fiscal agent, the Department would also seek a new HIRSP plan administrator that could be different from the Medicaid fiscal agent.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS						
SEG	$ 46,100	1.00	$ 51,900	1.00	$ 98,000	2.00
Total	$ 46,100	1.00	$ 51,900	1.00	$ 98,000	2.00

Transfer of Burial Program
(DIN 5445)

The Department requests the transfer of $4,550,200 GPR in FY04 and FY05 from the Department of Workforce Development to the Department of Health and Family Services to fund the cemetery, funeral, and burial program. The state funds cemetery, funeral, and burial expenses up to a specified level for deceased individuals who were receiving W-2, SSI benefits, and/or Medical Assistance under certain conditions if the estate of the recipient is insufficient to pay the expenses. Cemetery, funeral and burial expenses are administered as part of the state's Income Maintenance (IM) activities. Responsibility for IM functions transferred from the Department of Workforce Development (DWD) to DHFS on July 1, 2002. Budgeting the GPR funding in DHFS places the funding in the agency responsible for the program. Transferring the base GPR funding of $4,550,200 from DWD to DHFS is budget-neutral to the state. A relatively small amount of burial expenses is eligible as and claimed by DWD as TANF Maintenance of Effort (MOE) GPR funding. DHFS will report to DWD the amount of TANF MOE-eligible cemetery, funeral, and burial expenditures, if any, to provide DWD the information needed to carry out its administration of the state's TANF MOE requirement.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 4,550,200	-	$ 4,550,200	-	$ 9,100,400	-
FED						
PR						
PRS						
SEG						
Total	$ 4,550,200	-	$ 4,550,200	-	$ 9,100,400	-

Food Stamp Appropriation Management
(DIN 5446)

The Department requests expenditure authority for the food stamp electronic benefits federal claim of $217,987,600 FED in SFY 04 and $230,967,600 in SFY 05. Federal funding for food stamp benefits is currently not reflected in the statutory budget schedule.

Through an automated clearinghouse transaction, the Department claims federal funds from the U.S. Department of Agriculture to pay for food stamp benefits to federally eligible individuals. Current statutory language does not allow the estimated federal claim for food stamp benefits to be included in the Chapter 20 budget schedule. As a result, the state budget, as represented by the Chapter 20 schedule, understates federal funds claimed by the state. The Department proposes to eliminate this statutory language and allow the estimated federal food stamp benefit revenue to be reflected in Chapter 20. This change will increase the ease and accuracy of monitoring federal revenue captured by the state and will increase Department accountability for these funds. This change will also make budgeting of federal revenue consistent with other federally-funded benefit programs administered by the Department.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	$ 217,987,600	-	$ 230,967,600	-	$ 448,955,200	-
PR						
PRS						
SEG						
Total	$ 217,987,600	-	$ 230,967,600	-	$ 448,955,200	-

Position Refunding
(DIN 5447)

The Department requests an increase of $129,000 PR and $247,100 PR-S and 1.68 PR FTE and 4.37 PR-S FTE and the reduction of (3.00) GPR FTE and (3.05) FED FTE in both years of the biennium. As part of the transfer of Food Stamps from the Department of Workforce Development to the Department of Health and Family Services, the Call Center was transferred to DHFS. Staff in the Call Center respond to questions from county workers that affect the programs of both agencies. The conversion to program revenue funding will facilitate the billing of the costs of the Call Center to appropriate programs within both agencies. In addition, position funding changes are being made to reflect actual costs as documented by time reporting in the 01-03 biennium.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	(3.00)	$ -	(3.00)	$ -	(6.00)
FED	$ -	(3.05)	$ -	(3.05)	$ -	(6.10)
PR	$ 129,000	1.68	$ 129,000	1.68	$ 258,000	3.36
PRS	$ 247,100	4.37	$ 247,100	4.37	$ 494,200	8.74
SEG						
Total	$ 376,100	-	$ 376,100	-	$ 752,200	-

SSI Reestimate
(DIN 5601)

The Department requests an increase of $588,900 PR-S in FY 04 and a reduction of ($325,100) PR-S in FY 05 in federal Temporary Assistance to Needy Families (TANF) funds as a reestimate of funding needed to support the State Supplemental Security Income (SSI) Supplement and Caretaker Supplement Programs. The State SSI Supplement program provides a cash benefit to low income elderly and disabled adults and disabled children. The Caretaker Supplement program provides a cash benefit to SSI recipients who have dependent children. The first $128,281,600 of costs for the two programs are allocated to GPR funding, and the remainder ($20,456,900 in FY 04 and $19,333,000 in FY 05) is allocated to TANF funding.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS	$ 588,900	-	$(325,100)	-	$ 263,800	-
SEG						
Total	$ 588,900	-	$(325,100)	-	$ 263,800	-

Caretaker Supplement Administration
(DIN 5602)

The Department requests $977,600 PR-S in FY 04 and $955,600 PR-S in FY 05 in federal Temporary Assistance to Needy Families (TANF) funds for administrative costs related to the Caretaker Supplement program. In January 2002, Caretaker Supplement was implemented as a separate program in the state public assistance case management system (CARES). As a result, a portion of CARES administration and Income Maintenance costs must be allocated to the Caretaker Supplement program under federal cost allocation rules. The requested funding is the additional amount needed to fund the Caretaker Supplement portion of the CARES administration and Income Maintenance contracts in 2003-2005.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS	$ 977,600	-	$ 955,600	-	$ 1,933,200	-
SEG						
Total	$ 977,600	-	$ 955,600	-	$ 1,933,200	-

Children's Long Term Care Redesign
(DIN 5610)

The Department requests $227,500 GPR and $227,500 FED in FY 04 and $608,500 GPR and $801,100 FED in FY 05 for Children's Long Term Care Redesign. The Children's Long Term Care Redesign initiative seeks to develop a streamlined system to address the needs of children with developmental or long term care needs. The initiative would implement a new Medical Assistance waiver that offers family centered services and a single entry point for eligibility determination and information in each county. An advisory group of parents, advocates, counties, and other stakeholders has been developing the initiative since 1997. The budget request funds 35 waiver slots in Milwaukee County (the largest pilot site), 10 waiver slots in each of four additional pilot counties, and 50 statewide waiver slots for crisis situations. Funding is also provided for the associated implementation costs. There are approximately 3,500 children currently waiting to receive services in at least one of the existing long term care programs. While the children wait to be served, they often are not receiving any community supports or are utilizing more expensive and inappropriate services through the Medical Assistance fee-for-service system, institutions, or in foster care.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 227,500	-	$ 608,500	-	$ 836,000	-
FED	$ 227,500	-	$ 801,100	-	$ 1,028,600	-
PR						
PRS						
SEG						
Total	$ 455,000	-	$ 1,409,600	-	$ 1,864,600	-

Brain Injury Waiver Slots
(DIN 5611)

The Department requests $162,100 GPR and $230,000 FED in FY 04 and $611,600 GPR and $869,500 FED in FY 05 to fund Brain Injury Waiver slots and Medical Assistance card costs for 10 individuals in FY 04 and an additional 15 individuals in FY 05.

The Brain Injury Waiver program provides funding for community long term care services for Medical Assistance eligible individuals who are disabled as a result of a traumatic brain injury. The Brain Injury Waiver program is a rehabilitation program intended to maximize community functioning and avoid future institutionalization in mental health, correctional, or long term care facilities. DHFS currently has funding for 212 placements. New waiver slots will allow additional people to be served in the community. The 10 placements that would begin in FY 04 would be provided to individuals relocating to the community from inpatient rehabilitation facilities. The remaining 15 placements that would begin in FY 05 would be reserved for individuals who can begin their rehabilitation program in the community without entering an institution, thereby reducing demand for the more costly inpatient units.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 162,100	-	$ 611,600	-	$ 773,700	-
FED	$ 230,000	-	$ 869,500	-	$ 1,099,500	-
PR						
PRS						
SEG						
Total	$ 392,100	-	$ 1,481,100	-	$ 1,873,200	-

CIP 1A Rate
(DIN 5612)

The Department requests the transfer of $688,600 GPR in FY 04 and $2,135,800 GPR in FY 05 from appropriation 404 to appropriation 471 to reflect an increase to the CIP 1A placement rate to $325/day and an increase to the reduction rate to $325 in both years of the 2003-05 biennium. There will be no cost to the state as a result of this request.

The Community Integration Program (CIP 1A) provides the option of community living and services for individuals currently residing in the three Centers for the Developmentally Disabled. A federal waiver allows the state to redirect Medicaid institutional funds to provide for placement of institutionalized residents in the community. As a Center places individuals in the community, its budget is also reduced by a daily rate. Funding for the CIP program is provided by the state and federal governments through Medicaid.

The current placement rate for individuals placed in the community in FY 03 is $225/day. Although there are a number of Center residents who could still be placed at this rate, the majority of these have guardians who oppose community placement. To continue to place residents in the community, the Department proposes to increase the placement rate to $325/day in the 2003-05 biennium. The Department estimates that 35 residents in FY 04 and 38 residents in FY 05 can be placed in the community at this rate. With placement and reduction rates both at $325/day, the staff to patient staffing ratio at the Centers will be 2.67, which is approximately what the ratio is anticipated to be at the end of FY 03.

At this rate, the Department estimates that by the end of FY 05 the populations at the Centers will be 338 for Central Center, 140 for Northern Center, and 237 for Southern Center. As the Centers decline in population, it may become necessary to consolidate units among Centers to achieve some efficiencies of scale. The Department is proposing legislation that allows the transfer of patients among Centers for non-therapeutic reasons in order to be able to achieve this aim.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED						
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Facility Downsizing and Closure Workload
(DIN 5620)

The Department requests $69,300 GPR and $98,900 FED in FY 04 and $80,500 GPR and $115,000 FED in FY 05 for a 1.0 FTE project position and 2.0 FTE contract staff to assist in relocating residents from closed nursing homes. In the past three years, more than 1,500 residents have been relocated from 30 closed or downsizing facilities across the state, and this trend is expected to continue through the next biennium. The requested staff would form a "relocation team" that would assist facilities and counties in identifying new living arrangements for each resident that address his or her care needs and preferences. With the team, the Department will be able to maximize opportunities for residents to relocate to the community rather than other institutions.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ 69,300	0.75	$ 80,500	0.75	$ 149,800	1.50
FED	$ 98,900	0.25	$ 115,000	0.25	$ 213,900	0.50
PR						
PRS						
SEG						
Total	$ 168,200	1.00	$ 195,500	1.00	$ 363,700	2.00

Caregiver Checks for Home Care Staff
(DIN 5621)

The Department requests $17,400 PR and $5,800 FED in FY 04 and $23,200 PR and $7,700 FED in FY 05 and statutory changes to extend caregiver background check requirements to workers who provide personal care services reimbursed by Medical Assistance (MA) and are employed or under contract with counties and independent living centers (ILCs).

The caregiver background check statute requires certain providers to conduct checks of their direct care staff and to report to the Department complaints of abuse, neglect, or misappropriation of property by caregivers. Under current law, personal care workers or agencies employed by or under contract with counties and independent living centers to provide MA personal care services are not required by statute to undergo caregiver background checks and do not have to report allegations of abuse to DHFS for investigation. By contrast, MA personal care workers employed by home health care agencies are subject to background check requirements.

To strengthen protections for clients and apply background check requirements more consistently across providers, the Department will request statutory language to require 1) counties and ILCs to conduct background checks on their workers who provide MA personal care services, 2) agencies with whom counties and ILCs contract to provide MA personal care to conduct checks of their own staff, 3) counties, ILCs, and contract agencies to report allegations of abuse, neglect, or misappropriation of property to the Department for investigation, and 4) the Department to place substantiated allegations on the caregiver registry.

The spending authority requested is to fund additional investigations of allegations against caregivers that will result from extending the scope of the caregiver background check statute. The Department requests the reallocation of a portion of existing caregiver background check costs to background check fee revenue in order to fund the additional investigations.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	$ 5,800	-	$ 7,700	-	$ 13,500	-
PR	$ 17,400	-	$ 23,200	-	$ 40,600	-
PRS						
SEG						
Total	$ 23,200	-	$ 30,900	-	$ 54,100	-

Value Added Technical Assistance Project (DIN 5622)

The Department requests a 1.0 FTE PR nursing consultant project position through July 2005 and an increase of $48,700 PR in FY 04 and $12,100 PR in FY 05 to extend the "Value Added Technical Assistance Project," which provides advice and information to nursing homes to improve quality of care.

Through the Value Added project, the Department is helping a select number of nursing homes in Milwaukee improve quality of care by providing them with technical assistance informed by the latest research and by analysis of clinical outcome data from each facility. The technical assistance supplements, and is independent from, the usual survey and enforcement processes for the facilities, providing a way for the Department to work collaboratively with facilities to improve services. The project is staffed by a project position that is scheduled to terminate at the end of FY 03. To continue the project, the Department requests that the existing position be renewed through the next biennium. The project is funded with civil money penalties paid by nursing homes for violations of federal health and safety standards.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 48,700	1.00	$ 12,100	1.00	$ 60,800	2.00
PRS						
SEG						
Total	$ 48,700	1.00	$ 12,100	1.00	$ 60,800	2.00

AODA and Mental Health Program Certification Staff
(DIN 5624)

The Department requests $83,700 PR in FY 04 and $90,300 PR in FY 05 and 2.0 PR FTE (1.0 FTE Program Planning Analyst 5 and 1.0 FTE Program Assistant 3) to perform increased workload to certify outpatient mental health and alcohol and other drug abuse (AODA) providers. The new positions would be funded with existing certification fee revenue.

The Bureau of Quality Assurance (BQA) Program Certification Unit (PCU) is responsible for certifying outpatient alcohol and other drug (AODA) and mental health treatment programs. It reviews components of programs on an annual basis with comprehensive site visits scheduled biennially unless circumstances necessitate an earlier review. The Program Certification Unit is responsible for the review of credentials for a range of clinical staff who wish to provide services to certified facilities. Program Certification review is required for the programs to receive Medical Assistance and, in many cases, private insurance reimbursement. The unit also investigates complaints against providers and any incident where a client commits suicide, dies as a result of psychotropic medication use, or dies when in seclusion or while in restraints.

The Program Certification Unit currently has 7.0 FTE survey staff, 1.0 FTE support staff, and 1.0 FTE supervisor. The unit is staffed with only a .50 LTE to carry out the full time responsibility of providing certifications, correspondence and other necessary activities with the regulated providers and the public. Implementation of several new administrative rules governing AODA (HFS 75), mental health treatment programs (HFS 61), and provider-regulated death reporting under Act 336 have caused the Program Certification Unit to experience an increase in workload. The increased workload results from an increase in the number of programs, additional data entry and annual report functions, the need for internal quality assurance activities, and an increase in survey activities.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 83,700	2.00	$ 90,300	2.00	$ 174,000	4.00
PRS						
SEG						
Total	$ 83,700	2.00	$ 90,300	2.00	$ 174,000	4.00

Nursing Home and CBRF Enforcement Activities
(DIN 5625)

The Department requests $83,600 PR in FY 04 and $90,400 PR in FY 05 and 2.0 FTE PR Regulatory Specialist positions beginning in FY 04. The positions are needed for workload related to assessing forfeitures on nursing homes for violations of license and certification standards.

The Bureau of Quality Assurance (BQA) determines whether health care and long-term care providers meet state licensure and federal certification standards, and recommends and implements enforcement actions such as forfeitures or other actions.

BQA currently has 2.0 FTE regulatory specialists who review violation notices issued by BQA Survey Staff and determine the appropriate forfeiture amount for the violation. On average over the last two years, the regulatory specialists have received more violation notices from survey staff than they have been able to analyze and determine forfeiture assessments. The number of forfeitures that need to be assessed has increased from 274 in 1998 to a projected 440 in 2002. Currently there is a backlog of 375 outstanding violations in need of analysis and forfeiture assessment.

The new staff would be funded with revenue from a 13 percent surcharge on nursing home forfeitures. The Department is requesting statutory language to establish the surcharge.

The Department is also requesting statutory language to increase the maximum CBRF forfeiture amount from $1000 per day to $10,000 per day. For providers for which the authority to impose a forfeiture or fine exists (it does not for hospitals or adult family homes), the maximum allowable forfeiture varies from $500/day to $10,000/day. The Department requests to raise the maximum forfeiture amount because large corporations are, in increasing numbers, operating CBRFs and the current forfeiture amounts are often not large enough to provide sufficient deterrent for these entities. In addition, CBRF violations and forfeiture assessments tend to be more complex and time consuming than violations and assessments involving other providers.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 83,600	2.00	$ 90,400	2.00	$ 174,000	4.00
PRS						
SEG						
Total	$ 83,600	2.00	$ 90,400	2.00	$ 174,000	4.00

Hospital Diversion Program
(DIN 5630)

The Department requests a reduction of ($100,300) GPR and ($135,200) PR-S in FY 04 and an increase of $100,300 GPR and $10,600 PR-S in FY 05 in order to implement Integrated Service Programs (ISPs) for children with severe emotional disturbances (SED) in two additional counties in 2003-2005.

Thirty-four counties operate Integrated Service Programs (ISPs) for children with severe emotional disturbances (SED). These programs provide community based “wraparound” services to approximately 2,697 children across the state in order to reduce the need for inpatient psychiatric hospital treatment. The Department is budgeted $721,300 GPR in “hospital diversion” funds to support county ISPs. Of these funds, the Department will allocate $285,400 in FY 04 and $128,400 in FY 05 to fund existing ISPs and $300,700 in FY 04 and $603,500 in FY 05 to fund two new ISPs that will serve an additional 145 children. DHFS requests the reallocation of $124,600 GPR for the biennium of hospital diversion funds to the MA fee for service budget to fund MA services for children served by the new ISPs.

The Department also requests statutory language to make the funding available to counties that implement a managed care organization or provide service coordination to SED children, to allow statewide hospital diversion savings to be allocated to the two additional counties, and to implement a technical change regarding the timeframe for allocating funds to counties. Under current law, a county must commit to implementing a MA managed care program for SED children to receive hospital diversion savings and can only receive savings achieved within the county.

Fiscal Effect Summary

Source of Funds	FY 2004		FY 2005		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$(100,300)	-	$ 100,300	-	$ -	-
FED						
PR						
PRS	$(135,200)	-	$ 10,600	-	$(124,600)	-
SEG						
Total	$(235,500)	-	$ 110,900	-	$(124,600)	-

Mental Health/AODA Redesign: Phase II
(DIN 5631)

The Department requests $418,400 PR and $418,400 FED in FY 04 and $280,900 PR and $280,900 FED in FY 05 for Phase II of the Mental Health/AODA Redesign Demonstration Projects. The funding will be used as follows: $152,400 PR and $152,400 FED in FY 04 and $152,400 PR and $152,400 FED in FY 05 for county staff to conduct functional screens of clients; $154,400 PRO and $154,400 FED in FY 04 and $4,400 PR and $4,400 FED in FY 05 to construct an automated, web based functional eligibility screen and fund ongoing costs for the system; $56,300 PRO and $56,300 FED in FY 04 and $56,300 PRO and $56,300 FED in FY 05 to fund consumer outcome surveys; and $55,300 PRO and $55,300 FED in FY 04 and $67,800 PR and $67,800 FED in FY 05 to fund data analysis for Redesign.

Since January 2001, the Department has piloted four Mental Health/AODA Redesign Demonstration projects. The goal of the pilots is to provide comprehensive consumer based mental health and substance abuse services in a managed care system. In Phase I of the project, which concluded in June 2002, the pilots began initial development of consumer outcomes and data sets and building capacity for consumer directed services. The Department is proceeding to implement Phase II of Wisconsin's Mental Health/AODA Redesign. Phase II will put in place the building blocks to move towards a managed system of care. In addition, Phase II will work on ways to improve access to mental health services, as well as continue to support a consumer-based model of recovery with flexible community services, an improved consumer-defined outcomes monitoring process, performance based contracting, and coordination of health related services. Efforts of Phase II will focus on four major areas:

- Explorations of appropriate federal waivers, analysis of state plan services and consequent data efforts to promote a flexible array of services.

- Design and implementation of uniform functional eligibility screens in the four demonstration sites.

- Design and implementation of a consumer-focused, outcome based quality assurance/improvement system and performance-based contracting.

- Improved case management and primary health treatment of people with mental illness, substance abuse and other chronic conditions.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	$ 418,400	-	$ 280,900	-	$ 699,300	-
PR	$ 418,400	-	$ 280,900	-	$ 699,300	-
PRS		-		-		-
SEG						
Total	$ 836,800	-	$ 561,800	-	$ 1,398,600	-

Preventing Tobacco Sales to Minors (DIN 5632)

The Department requests $166,500 PR in FY 04 and $671,000 PR in FY 05 to fund efforts to prevent tobacco sales to minors and ensure compliance with the federal Synar Amendment. The majority of the funding will be allocated to local health departments (15 in FY 04 and 53 in FY 05) to conduct compliance surveys of retailers for enforcement of the law prohibiting the sale of tobacco to minors. Local health departments can also use the funding for “Recognition and Reminder” programs, which are designed to engage retail clerks and license holders by providing ongoing recognition for clerks who refuse to sell tobacco products to minors, and reminders to clerks and license holders who illegally sell to minors. In addition, the Department will allocate $71,000 for a contract staff person to work with coalitions to conduct merchant education and training activities including development, printing, and dissemination of videos, interactive media (e.g., CD-ROM), brochures, and fact sheets to the business community, targeting retailers who are licensed to sell tobacco products. The source of revenue for the activities would be the Drug Abuse Program Improvement Surcharge (DAPIS), which is a 50% surcharge on fines assessed against drug offenders. The Department proposes to increase the surcharge to 80% to generate sufficient revenues.

A provision of federal law, the Synar Amendment, requires states to enforce laws prohibiting tobacco sales to minors as a condition of receiving federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds. Failure to comply with Synar requirements can result in a penalty of up to 40% of the state's annual Substance Abuse Prevention and Treatment Block Grant allocation which currently totals $25,745,004. Wisconsin was out of compliance for federal fiscal year 2002 and was required to spend $3,012,165 of state funds to prevent tobacco sales to minors. This proposal continues those efforts to seek ongoing compliance.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	$ 166,500	-	$ 671,000	-	$ 837,500	-
PRS						
SEG						
Total	$ 166,500	-	$ 671,000	-	$ 837,500	-

Appropriation for Interpreting Services (DIN 5633)

The Department requests the transfer of $100,000 GPR for the current interpreting services fund from state operations appropriation under s. 20.435 (6)(a) to appropriation s. 20.435 (7)(d) and requests statutory language to amend s. 20.435 (7)(d) and s. 46.295 to direct that GPR funding for the interpreting service fund be spent from (7)(d).

The Bureau for the Deaf and Hard of Hearing (BDHH) serves individuals and groups who are deaf and hard of hearing by providing information about deafness, assistive listening and adaptive technology, and communication access services.

The Service Fund provides funding for interpreting services and is used when no other source of payment is available. The fund helps people who are deaf and hard of hearing to access services they are entitled to such as counseling and medical treatment. The interpreting service fund is currently budgeted in a GPR state operations budget appropriation under 20.435 (6)(a). Because the fund is used for consumers and not for the division's operating budget, it is appropriate to move the funds to an aids appropriation.

The Department would continue to allocate existing funding in (7)(d) for telecommunication aid for the hearing impaired.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED						
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Appropriation for ITP Revenue
(DIN 5634)

The Department requests the creation of a new, continuing program revenue appropriation in the Division of Supportive Living in which payments from surcharges on Intensive Treatment Program (ITP) beds at the Centers for the Developmentally Disabled are deposited. The Department currently operates Intensive Treatment Programs at the three Centers. The program is funded by Medicaid, with counties paying the non-federal share of costs. The program is intended to provide short-term treatment for dually diagnosed patients (individuals who are both developmentally disabled and mentally ill) to stabilize behavior and enable individuals to return to the community.

However, a recent study found that 23% of the individuals in the ITPs have been in these programs for over two years. These individuals generally have complicated behavioral problems which may make it difficult to find placements for them in their counties of residence. There is currently no fiscal incentive for counties to actively pursue plans for these individuals to return to their home communities because of the higher costs associated with serving these people.

The Department requests statutory language that allows the Department to impose a surcharge of an additional 10% of the total cost for each subsequent six month period that an individual remains at the Center beyond the discharge date agreed upon by the Center and county of residence. Applying a surcharge will encourage the counties to plan to return an individual to his or her community on a definite date. Increased turn-around times will create more bed space in the ITPs and maintain service capacity.

All monies received from the counties as a surcharge on ITP beds will be deposited in this appropriation. The Department proposes to provide grants from this appropriation to counties for one-time costs associated with the placement of individuals from the Centers under the CIP 1A waiver program.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED						
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

HIPAA—Administrative Simplification
(DIN 5801)

The Department requests $9,233,300 FED, $165,000 PR, and $690,000 PR-S in FY04 and $2,627,400 FED, $165,000 PR, and $475,000 PR-S in FY05. $3,640,900 of the federal funding requested is income augmentation funding. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L.104-191 became law on August 21, 1996 and outlines a process to achieve uniform national health data standards and health information privacy. The Administrative Simplification provisions of the law were intended to reduce the costs and administrative burdens of health care by making possible the standardized, electronic transmission of many administrative and financial transactions that are currently carried out manually on paper while protecting the security and privacy of the transmitted information.

HIPAA mandates regulations that govern privacy, security and administrative simplification standards on health care information. Currently there are two final regulations that are in the implementation stages and several proposed regulations that are expected to become final by the end of calendar year 2003. The law mandates compliance with the various HIPAA-related standards within 24 months of each effective date. Most of the standards require that DHFS modify business software, develop new electronic business processes and change other electronic processes, develop policies, procedures, security mechanisms, and compliance monitoring initiatives within the 2003-05 biennium. Substantial work has already been undertaken in the 2001-03 biennium for project planning and management, directing work activity, assessing policy and procedural needs, systems changes and maintaining compliance.

The Department has determined that the following major systems and programs that provide health care services and are operated by the Department still require systems modifications to comply with HIPAA requirements: Medicaid Management Information System (MMIS), Medicaid Evaluation and Decision Support (MEDS) System, Health Insurance Risk Sharing Program (HIRSP), Chronic Disease Program, WisconCare, and Wisconsin Well Woman, Bureau of Health Information (BHI), Facility Licensing and Certification Information System (FL/CIS), Human Services Reporting System (HSRS), and enterprise-wide (DMT) security and privacy modification requirements.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	$ 9,233,300	-	$ 2,627,400	-	$ 11,860,700	-
PR	$ 165,000	-	$ 165,000	-	$ 330,000	-
PRS	$ 690,000	-	$ 475,000	-	$ 1,165,000	-
SEG						
Total	$ 10,088,300	-	$ 3,267,400	-	$ 13,355,700	-

Family Care Budget Simplification
(DIN 5802)

The Department requests the transfer of $18,279,100 GPR and $208,200 FED funding among Community Aids and Family Care appropriations to adjust FY04 and FY05 base budget funding to reflect the actual Family Care transition schedule in the 01-03 biennium and to simplify the Family Care budget structure. Family Care is Wisconsin's redesigned long term care system. Family Care is designed to provide cost-effective, comprehensive and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for interdependence and support. Family Care has a fairly complex funding structure. In several cases a particular appropriation funds a number of different Family Care functions. In addition, a single Family Care function, such as Resource Centers, is funded by multiple appropriations. This proposal simplifies the Family Care budget by having the GPR costs of each Family Care function funded by a single appropriation and having each Family Care GPR appropriation be responsible for a single Family Care function. Simplifying the budget structure for Family Care will reduce administrative workload, reduce the possibility of accounting and/or budgeting errors, and facilitate program monitoring and oversight by the program managers and external parties. Adjusting the base funding and simplifying the Family Care budget structure is budget neutral.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED	$ -	-	$ -	-	$ -	-
PR						
PRS						
SEG						
Total	$ -	-	$ -	-	$ -	-

Technical Corrections
(DIN 5803)

The Department requests a reduction of ($183,900) FED and (3.0) FED FTE, an increase of $43,400 PR and .50 PR FTE, and a reduction of ($8,500) PR-S and (1.0) PR-S FTE in each year of the biennium. This is the net effect of formalizing internal transfers of positions in the 01-03 biennium and corrections due to technical errors in file maintenance.

Fiscal Effect Summary

	FY 2004		FY 2005		Biennial Total	
Source of Funds	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	$ -	-	$ -	-	$ -	-
FED	$(183,900)	(3.00)	$(183,900)	(3.00)	$(367,800)	(6.00)
PR	$ 43,400	0.50	$ 43,400	0.50	$ 86,800	1.00
PRS	$ (8,500)	(1.00)	$ (8,500)	(1.00)	$ (17,000)	(2.00)
SEG						
Total	$(149,000)	(3.50)	$(149,000)	(3.50)	$(298,000)	(7.00)

SUMMARY OF STATUTORY LANGUAGE REQUESTS
SUBMITTED BY DHFS

Statutory Language Requests Related to DINS

Department-wide Initiatives

Funding for Dental Programs at FQHCs (DIN 5001): Amend s.20.435(5)(dm) and s.146.65 to include grants for dental programs at the Federally Qualified Health Care Centers (FQHCs). (s.20.435(5)(dm) and s.146.65)

Dental Services at the DD Centers (DIN 5003): Allow the Department to provide dental services to severely disabled individuals living in the community and allow dental hygienists to work for the Department. (s.51.06(1r) and s.447.06(2)(a))

Downsizing Nursing Facilities and Increasing Access to Community-Based Services (DIN 5004): Restrict access to Intermediate Care Facilities for the Mentally-Retarded (ICF-MRs) and nursing homes for individuals on Medicaid seeking specialized services. (s.46.278(6)(f), s.49.45, s.49.46, s.55.06)

Increase Access to Community Based Long Term Care for Individuals in Nursing Homes (DIN 5005): Require counties to offer a community placement, if feasible, to a nursing home resident on the wait list for community long term care services who wishes to relocate to the community; allow funding provided to counties under the Community Integration Program (CIP) and Brain Injury Waiver program to equal the MA institutional costs adjusted for the difference in community MA fee for service costs; and allow counties to receive CIP funding without closure of a nursing home bed. (s.46.277,s.46.278,s.25.77)

Division of Care and Treatment Facilities

Outpatient Competency: Milwaukee County (DIN 5202): Allow the Department to use funds from this appropriation to provide an outpatient competency evaluation program to any county, not just Milwaukee, to reflect current practice. (s.20.435(2)(bj))

CIP IA Reduction Rate (DIN 5612): Change the reduction rate at the Centers for the Developmentally Disabled to $325/day in FY04 and FY05 to conform to the Department's biennial budget request. (s.49.45(6b)(a),(b),(c))

Transfer of Residents Among Centers (DIN 5612): Allow the Department to transfer residents among the Centers for the Developmentally Disabled without county approval. (s.51.35(1)(b))

Division of Children and Family Services

Community Aids (DIN 5301): Include in the federal funding sources for Community Aids federal Medical Assistance funding claimed for Preventing Out-of-Home

Care/Kinship Care Placement and direct the Department to use federal Medical Assistance funding claimed for costs for Preventing Out-of-Home Care/Kinship Care Placement as the first source of funding to meet the budgeted level of Title IV-E funding in Community Aids. (s. 20.435(7)(o) and s.46.40)

Community Aids Funding (DIN 5301): Revise the Community Aids funding levels to conform to the Department's budget proposal (s.46.40 and s.48.985(2))

Child Care Development Funds (DIN 5305): Revise the amount of federal Child Care Development Funds transferred from Department of Workforce Development to DHFS to conform to the Department's budget proposal (s.49.155(1g)(c))

Division of Health Care Financing

Adding Food Stamps Administration to the MA Administration Appropriation (DIN 5403): Modify the MA Administration budget appropriation to allow the inclusion of funding for the administrative contract costs of the Food Stamps program. (s.20.435(4)(bm))

Modify Chronic Disease Aids Program (DIN 5404): Provide the Department authority to implement certain cost control measures in the Chronic Disease Aids program. (s.49.68, s.49.683, s.49.685, s.49.687)

MA Coverage for Youths Leaving Out-of-Home Care (DIN 5424): Expand MA eligibility to youths up to age 21, who have been in foster care for at least a year, age-out of the foster care system and are not otherwise eligible for MA. (s.49.46(1)(a)5.)

MA Eligibility for Individuals Diagnosed with Breast or Cervical Cancer (DIN 5426): Modify MA eligibility for women screened for and diagnosed with breast or cervical cancer under the Wisconsin Well Women Program to conform to federal requirements. (s.49.473(2)(c) and s.49.473(2)(e))

Change the Nursing Facilities Occupied Bed Assessment (DIN 5430): Change the assessment on occupied licensed beds in nursing homes and ICF-MRs to an assessment on licensed beds; eliminate exemptions to the assessment so that all licensed beds are assessed; decrease the assessment per nursing home licensed bed to $27 and increase the assessment per ICF-MR licensed bed to $350. (s.50.14, s.25.77, s.77.59(7))

Divestment and Spousal Impoverishment (DINs 5431 and 5435): Amend the statutes to 1) consider the purchase of an annuity and similar asset transfers divestment unless the participant shows the purchase of the annuity would not have affected his eligibility for Medicaid or, the payment from the annuity is not greater than necessary to meet the reasonable and ordinary monthly needs of the beneficiary, 2) consider all transfers that are not for the sole benefit of the community spouse divestment, and 3) set the maximum amount of assets that can be transferred to a community spouse at $50,000. (s.49.453,s.49.454, and s.49.455)

Changing Estate Recovery (DIN 5432): Expand the estate recovery program to recover for all MA services received by individuals 55 years of age and older except for prescription drugs; expand the definition of property to include all real property in which the recipient has an ownership interest; and recover for the PACE and Partnership programs under the estate recovery provisions. (s.49.496)

Competitive Procurement for the Health Insurance Risk Sharing Plan (HIRSP) Administrator (DIN 5442): Eliminate the requirement that the HIRSP plan administrator be the MA fiscal agent. (s.149.16(1))

Cemetery, Funeral and Burial Expenses for Public Assistance Clients (DIN 5445): Clarify that the DHFS Income Maintenance budget appropriation includes funding for the administration of other Income Maintenance programs, as well as MA, BadgerCare and Food Stamps and redefine "Income Maintenance" as "Eligibility Management." (s.20.435(4)(bn) and s.49.33)

Appropriation Management: Food Stamp Electronic Benefits Transfer Budget (DIN 5446): Eliminate the provision that does not allow federal Food Stamp revenue to be budgeted in the state budget schedule. (s.20.435(4)(pv))

Division of Supportive Living

Caregiver Checks for Home Care Workers (DIN 5621): Extend the scope of the caregiver background check statute to MA personal care agencies and workers who provide services through counties and Independent Living Centers. (s.50.065 and s.146.40(4r)).

Nursing Home and CBRF Enforcement Activities (DIN 5625): Establish a 13% surcharge on forfeitures assessed against nursing homes and increase the CBRF maximum forfeiture amount to $10,000/day. (s.50.04(5)(c) and s.50.03(5g)(c))

Hospital Diversion Program for SED Children (DIN 5630): Increase the flexibility in the use of hospital diversion funds. (s.46.485)

Mental Health/AODA Redesign: Phase II (DIN 5631): Allow the use of a one time surplus of mental health and substance abuse provider certification fees to fund components of the Mental Health/AODA Redesign demonstration projects. (s.20.435(6)(jm) and s.51.04)

Preventing Tobacco Sales to Minors (DIN 5632): Increase the Drug Abuse Program Improvement Surcharge to 80% and allow it to be used for ensuring compliance with laws prohibiting tobacco sales to minors. (s.961.41(5)(a) and s.20.435(6)(gb))

Appropriation for Interpreting Services (DIN 5633): Change the budget appropriation used for interpreting services funding. (s.20.435(7)(d) and s.46.295)

Intensive Treatment Beds at the Centers (DIN 5634): Remove the limit on the number of individuals served under the Intensive Treatment Program (ITP); allow the Department to charge a surcharge on extended lengths of stay for individuals in the ITP; and allow the Department to use the surcharge revenue for one-time costs associated with CIP IA relocations. (s.51.06(1)(d))

Statutory Language Requests Not Related to DINS

Division of Public Health

Milwaukee Mobile Van: Allow the City of Milwaukee to provide educational services regarding breast and cervical cancer, as well as the cancer screening services currently provided. (s.255.06(2)(c))

Immunization Appropriation: Update the fiscal year references. (s.20.435(5)(cm))

Division of Care and Treatment Facilities

Mendota Juvenile Treatment Center (MJTC) Rates: Update statutes to reflect projected costs charged to the Department of Corrections for MJTC in the 03-05 biennium. (s.46.057(2))

SRSTC Videotaping: Provide Sand Ridge treatment staff the explicit legal right to videotape Sexually Violent Person treatment groups without the patients' consent. (s.51.61(1)(o))

SRSTC Access To SVP Treatment Records: Allow Sand Ridge treatment staff to have access to all treatment records resulting from treatment provided while the offender was under Department of Corrections supervision or in other DCTF facilities. (Chapter 980)

SRSTC Access to Pre-Sentence Records: Allow Sand Ridge treatment staff to have access to pre-sentence investigations completed by Department of Corrections personnel. (s.972.15)

Supervised Release Accountability: Require the county of residence to develop a plan, which identifies treatment and services to be received in the community, for a sexually violent person (SVP) who will be placed on supervised release. (s.980.08(5))

MHI Deficit Reporting: Eliminate the requirement that the Department submit reports on the Mental Health Institute (MHI) deficit reduction plan on the grounds that they are obsolete because the MHIs are no longer in an unsupported cash deficit. (s.51.05(3g) and (3m))

Length of Inmate Involuntary Commitments: Extend the period of time for alternative commitments for inmates from 180 days to 1 year when it is determined there is a continuing need for treatment. (s.51.20)

DCTF Appropriation 2g/225: Change to a continuing appropriation the DCTF appropriation that is used to fund DCTF provision of services to other agencies. (s.20.435(2)(g))

Division of Children and Family Services

Required Use of Centralized IV-E Unit: Specify that a county's IV-E "incentive funds" allocation will be reduced by 50% if the county is not utilizing the state's centralized IV-E eligibility unit. (s.46.45(2)(a))

Division of Health Care Financing

Appropriation for Making Wire Transfers for IGT Claims: Create a separate, sum sufficient appropriation, funded by the segregated MA trust account, that would be used to make wire transfers to the counties. (s.20.435)

Special Enrollment Period for HIPP Qualified Employees: Make Health Insurance Payment Plan (HIPP) a "qualifying event" that enables employees to immediately enroll in an employer sponsored health plan. (s.632.746)

Eliminate County Insurance Payments: Eliminate the statutory provisions that provide for incentive payments to local units of governments that identify other health insurance for MA applicants to conform to legislative decisions made in the 01-03 biennium. (s.49.45(3)(am))

Technical Change for Implementation of the Family Planning Waiver: Clarify the definition of family planning services to conform to the MA Family Planning waiver recently approved by the federal government for Wisconsin. (s.49.45(24r) and s.253.07(1)(b))

Changes to Nursing Home Cost Centers: Simplify the nursing home cost center reimbursement formula to reflect the Department's transition from a cost-based system to a flat rate system for nursing home costs not associated with direct care to patients, capital expenditures or taxes. (s.49.45(6m))

Division of Supportive Living

CIP II Enhanced Rate: Allow the Department to establish an "enhanced" CIP II rate for nursing home relocations that is higher than the rate budgeted for existing slots, similar to the Department's authority to establish enhanced rates in the CIP IB program.

Family Support Program: Provide that counties can carry forward on an annual basis 5% of their calendar year funding for the Family Support program for use in that program and that the Family Support carry forward is separate from the 3% county carry forward for Community Aids. (s.49.45(3)(a))

Definition of Licensed Adult Family Home: Redefine Adult Family Homes by operating model (corporate versus traditional) rather than by size. (s.50.01(1) and s.50.033)

Decrease County Carry Over of COP and COP-Waiver (COP-W) funds: Decrease the amount of COP and COP-W funds that counties can carry over on an annual basis from 10% to 5%. (s.46.27(7)(fm))

Hospice Licensing Fee: Increase the annual hospice license fee to .25% of patient fee annual revenue with a minimum fee of $300 and a maximum fee of $1000 and increase the initial license fee to $500. (s.50.93)

CBRF Pre-Admission Assessment: Revise current CBRF pre-admission requirements. (s.50.035(7))

Hospital and Nursing Home Fee Revenue Allocation: Revise allocations to conform to the Department's projected costs in the 03-05 biennium. (s.20.435(4)(gm))

Office of Strategic Finance

Family Care Phase-In for Non-MA Eligible Persons: Extend to June 2006 the deadline for the establishment of the Family Care benefit on an entitlement basis for non-MA persons who are functionally eligible for Family Care. (s.46.286(3)(d))

Department-Wide

Comprehensive Community Services: Eliminate Comprehensive Community Services as an MA benefit (s.49.45(30e))

Medicaid Administrative Claiming: Require the Department to provide to counties not less than 50% of federal Medicaid administrative funds claimed for county-based MA administrative activities under the Department's new Medicaid Administrative Claiming initiative and require that counties spend the funding for the same purposes as Community Aids. (s.46.45(2)(a))

DHFS User Fee Policy: Allow the Department to establish fee levels through policy for DHFS fees whose amounts are currently specified in statute or administrative rule.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
FEDERAL GRANTS
2003-2005

- All grants listed below fit within the Governor's objective to PROMOTE HEALTHY PEOPLE AND COMMUNITIES.
- Grants listed are expected to continue for the next three years.
- This list does not include non-federal grants, or demonstration grants that were funded and will end in FFY 2002.
- This list does not include federal medicaid funding.

GRANT TITLE	CFDA NUMBER	APPROPRIATION NUMBER(S)	ANTICIPATED AMOUNTS ($)
ACCESS TO VISITATION	93.597	341/346	169,601
ADOPTION ASSISTANCE	93.659	754	22,516,625
ADOPTION INCENTIVE	93.603	399	379,824
ADULT BLOOD LEAD TESTING	93.283	149	24,800
ASTHMA PLAN	93.283	149	255,108
BASIC EMERGENCY LIFESAVING SKILLS IN SCHOOLS	93.127	149/550	200,000
BEHAVIORAL RISK FACTOR SURVEY	93.283	449	176,997
BIOTERRIOSM AND PUBLIC RESPONSE/HOSPITAL PREPAREDNESS PROGRAM	93.003	149/550	2,327,920
BIOTERRIOSM AND PUBLIC HEALTH RESPONSE	93.283	149/550	16,940,986
BIRTH DEFECT SURVEILLANCE	93.283	149	158,275
BIRTH TO THREE DEVELOPMENTAL DISABILITY	84.181	641/749	6,961,718
BRIDGES TO WORK	93.768	844	798,601
CHILD WELFARE PART I, TITLE IV-B, PROMOTING SAFE FAMILIES NATIONAL CHILD ABUSE AND NEGLECT	93.628	356/349/390/756/410388	11,776,299
CHILDHOOD IMMUNIZATION	93.268	149/550	4,009,461
CHILDHOOD LEAD POISONING	93.197	149/550	1,140,005
CHILDREN'S MENTAL HEALTH/NORTHWOODS ALLIANCE	97.007	641/741	1,500,000
CLINICAL LAB IMPROVEMENT ACT (CLIA)	N/A	642	393,720
COMMUNICABLE DISEASE SURVEILLANCE/ ENHANCED LABORATORY CAPACITY	93.283	149/550	1,494,643
COMMUNICABLE INFECTIOUS DISEASE DATA COLLECTION CAPACITY-NEDDS	93.283	149/550	912,228
COMMUNITY FOOD AND NUTRITION	93.571	376	49,004

GRANT TITLE	CFDA NUMBER	APPROPRIATION NUMBER(S)	ANTICIPATED AMOUNTS ($)
COMMUNITY SERVICES BLOCK GRANT	93.569	378/376/896	7,871,460
CORE INJURY PROGRAM DEVELOPMENT MAIN PROGRAM	93.136	149	135,775
DEMONSTRATING A WISCONSIN DEMENTIA SERVICES	93.051	633	350,000
DEVELOPMENT OF NEW AND ENHANCED MODELS—YOUTH EMPLOYMENT TRAINING MODEL	93.262	149	99,129
DEVELOPMENT OF NEW OR ENHANCED MODELS FOR STATE-BASED OCCUPATIONAL SURVEIILANCE	93.161	149	83,309
DEVELOPMENTAL DISABILITIES	93.63	641	1,270,913
DIABETES STATEWIDE PROGRAM	93.988	149/550	547,729
DISABILITY DETERMINATION	N/A	459/460	21,008,748
DOMESTIC ABUSE AND FAMILY VIOLOENCE	93.671	352/340	1,546,783
EARLY HEARING DETECTION AND INTERVENTION	93.283	149/550	151,971
EMERGENCY MEDICAL SERVICES COOPERATIVE	93.127	149/550	100,000
FATALITY ASSESSMENT CONTROL (FACE)	98.283	149	118,433
FOSTER CARE TITLE IV-E	93.658	399	87,787,333
FOSTER GRANDPARENT PROGRAM	94.011	658/758	1,233,193
GREAT LAKES SPORTING FISH CONTAMINATION CONSORTIUM	93.161	149/550	378,387
HEALTH INSURANCE INFORMATION	93.779	758/658	195,723
HIV PREVENTION	93.940	149/550	3,837,985
HIV SURVEILLANCE	94.944	149	405,509
INDEPENDENT LIVING YOUTH	93.674	341/346	1,673,903
INDOOR RADON GRANT	66.032	149/550	269,010
LEAD ACCREDITATION, CERTIFICATION AND ENFORCEMENT	66.707	149	383,470
LEAD COMPLIANCE ASSURANCE	66.707	149	24,000
LEAD ID RESEARCH ENFORCEMENT	66.707	149	50,250
MAMMOGRAPHY INSPECTION	N/A	149/590	206,911
MAMMOGRAPHY QUALITY ASSURANCE	N/A	149	216,020
MCH BLOCK GRANT	93.994	191/592	11,729,688
MEDICARE/MEDICAID PROVIDER SURVEY/CERTIFICATION	N/A	643/655	3,396,050
MENTAL HEALTH BLOCK GRANT	93.958	691/746/798/796	6,868,644
MENTAL HEALTH DATA INFRASTRUCTURE GRANT	1.006	641	100,000
NATIONAL CANCER REGISTRIES	99.283	149	144,599

GRANT TITLE	CFDA NUMBER	APPROPRIATION NUMBER(S)	ANTICIPATED AMOUNTS ($)
NURSING HOME TRANSITIONS	93.779	658/758	271,394
OSHA CONSULTATION	17.500	149	911,000
OSHA LABORATORY	17.500	149	1,747,000
PATHWAYS TO INDEPENDENCE	96.007	641	922,142
PREVENTIVE HEALTH BLOCK GRANT	93.991	190/592	3,397,997
PRIMARY CARE COOPERATIVE AGREEMENT	93.130	149	130,811
RAPE PREVENTION AND EDUCATION	93.136	149/550	788,074
REDUCING THE BURDEN OF ARTHRITIS	93.945	149/550	100,000
RYAN WHITE CARE ACT TITLE II	93.917	149/550	4,874,441
SENIOR EMPLOYMENT	17.235	658/758/667	2,246,042
SEXUALLY TRANSMITTED DISEASE	93.977	145/550	1,276,007
SOCIAL SERVICES BLOCK GRANT	93.667	792/798/392/692/892/797	32,219,718
SOUND BEGINNINGS---UNIVERSAL SCREENING FOR THE HEARING IMPAIRED	93.251	149/550	107,928
STATE CARDIOVASCULAR HEALTH PROGRAM	93.945	149/550	350,000
STATE INCENTIVE GRANT	93.959	341/346	3,020,000
STATE SYSTEMS DEVELOPMENT INITIATIVE	93.110	149	129,729
SUBSTANCE ABUSE BLOCK GRANT	93.959	690/744/790/791/384/391/398/397	24,530,479
SUPERFUND	93.161	149	456,710
TEPAP (THE EMERGENCY FOOD ASSISTANCE PROGRAM)	10.568	341/346/306/301	684,760
TITLE III—AGING PLAN FOR OLDER AMERICANS	93.043	709/758/658	19,604,190
TOBACCO STATE BASED USE AND PREVENTION CONTROL	93.283	149,550	1,193,713
TRAUMA EMS SYSTEMS	93.952	149	40,000
TRAUMATIC BRAIN INJURY	92.234	641/601/633	100,000
TUBERCULOSIS	93.116	149/550	547,195
VITAL STATISTICS BIRTH	N/A	449	126,270
VITAL STATISTICS COOPERATIVE AGREEMENT	N/A	449	411,851
VITAL STATISTICS DEATH RECORDS	N/A	449	31,434
WI. INJURY SURVEILLANCE AND PROGRAM	93.196	149	75,000
WISCONSIN COMPREHENSIVE SCHOOL HEALTH	93.938	167	109,236
WISCONSIN ORAL HEALTH INFRASTRUCTURE DEVELOPMENT	93.283	167/568/569	102,900
WISCONSIN PRACTICE GUIDELINES FOR PREVENTIVE INTERVENTIONS	93.184	844	299,911

GRANT TITLE	CFDA NUMBER	APPROPRIATION NUMBER(S)	ANTICIPATED AMOUNTS ($)
WISCONSIN WELL WOMAN (BREAST AND CERVICAL CANCER EARLY DETECTION)	93.919	149/550	2,562,406
WISLOAN	84.224	641/741	750,000
WISTECH	84.224	641/741	356,877
WOMEN, INFANT, AND CHILDREN FISH CONSUMPTION, ADVISORY, AWARENESS, AND BIOMARKER	93.208	149/550	81,614
WOMEN, INFANT, AND CHILDREN GENERAL INFRASTRUCTURE	10.557	148	140,000
WOMEN, INFANTS, AND CHILDREN	10.557	148/547	57,591,758
TOTAL AMOUNT			363,839,945

SUMMARY

	NUMBER	AMOUNT
ONGOING FEDERAL GRANTS	89	$363,839,945

PROGRAM NARRATIVES

Division of Public Health (Programs 1 and 5)

The Division of Public Health works with public and private health agencies and care providers to protect health and life, prevent disease and disability, promote healthy behavior, and ensure the provision of accessible and adequate health care. It is responsible for programs in the areas of environmental health, occupational health, family and community health, emergency health services and injury prevention, chronic diseases, communicable diseases, and health promotion.

Division of Care and Treatment Facilities (Program 2)

The Division of Care and Treatment Facilities administers the state's institutional programs for persons whose mental and physical needs cannot be met in a community setting, including those who have developmental disabilities, mental illness, or alcohol or other substance abuse issues. The institutions provide medical, psychological, social, and rehabilitative services. The three Centers for the Developmentally Disabled provide a full range of residential programs, as well as support for community alternatives to institutional placement. The two Mental Health Institutes provide treatment for persons in need of hospitalization. They also offer support for community alternatives. The Division also operates the Wisconsin Resource Center which serves mentally ill inmates whose treatment needs cannot be met in the traditional prison setting and the Sand Ridge Treatment Center which services individuals who are being detained or have been committed as sexually violent persons.

Division of Children and Family Services (Program 3)

The Division of Children and Family Services provides funding, direct services, community development services, and leadership in the development of policy for child welfare, adoption and family service programs. Funding to support these initiatives is provided through local and county agencies. The DCFS sets standards through administrative rule-making for this array of programs. In addition, the Division licenses and regulates child welfare programs, day care providers, and out-of-home care providers throughout the state. The Division is also responsible for directing and overseeing the state's assumption of responsibility for Milwaukee County's Child Protective Services System.

Division of Health Care Financing (Program 4)

The Division of Health Care Financing is responsible for purchasing quality health care services, determining eligibility for publicly-funded health care and food assistance programs, controlling health care costs in publicly-funded programs, expanding managed care programs, managing the delivery of Food Stamps benefits, and preparing, collecting, analyzing, and disseminating health care information. The Division of Health Care Financing administers the state's Medical Assistance program, BadgerCare program, SeniorCare program, the Health Insurance Risk Sharing Plan (HIRSP), and Food Stamps program.

Division of Supportive Living (Programs 6 and 7)

The Division of Supportive Living provides funding and services, primarily through grantees and local agencies, to persons with developmental disabilities, mental illness, substance abuse problems, physical disabilities, and sensory disabilities. It also provides services to the elderly, particularly those who experience chronic conditions associated with aging. In addition, the Division licenses and certifies health and community care providers and facilities and long-term support programs for the above populations.

General Administration (Program 8)

Division of Management and Technology

The Division of Management and Technology provides personnel, financial, information technology and other administrative services to the program divisions of the Department of Health and Family Services, in order to support the divisions in delivering quality, cost-effective programs for the Department's clients. In addition, the Division assists the Department Secretary in effectively managing the agency by establishing and overseeing administrative policies and procedures, providing financial, technology and personnel advice, and ensuring compliance with laws, regulations, and standards.

Office of the Secretary and Units Reporting to the Office of the Secretary

The Office of the Secretary is responsible for the overall direction and operation of the Department of Health and Family Services. It receives direction from the Governor and the Legislature, and provides services through the six Divisions of the Department. The immediate Office of the Secretary consists of the Secretary, Deputy Secretary, Executive Assistant, and support staff. The support staff provide administrative support services, and provide for the analysis and monitoring of selected program and management issues. In addition, Public Information, Legislative Liaison, and Constituent Relations staff provide assistance directly to the Office of the Secretary. Other units that report to the Office of the Secretary include the Office of Legal Counsel and the Office of Program Review and Audit.

Office of Strategic Finance

The Office of Strategic Finance has responsibility for the Department's budget, evaluation, strategic planning, area administration, and tribal affairs functions. In addition, the Center for Delivery Systems Development in the Office of Strategic Finance has the lead responsibility within the Department for planning and implementing the Department's two new long term care initiatives: Family Care and Pathways to Independence.

Department of Health and Family Services
Functions

Published: July 22, 2002

Click below to see Regional Offices:

Northeastern

Northern

Southeastern

Southern

Western

Secretary
Deputy Secretary
Executive Assistant

Assistant to the Secretary
Office Support
Constituent Relations
Public Information
Legislative Liaison

Office of Program Review & Audit

Office of Legal Counsel

Office of Strategic Finance

Division of Children & Family Services

Adoptions
Adoption Search
Child Abuse & Neglect
Runaway Programs
Foster Care
Child Caring Institutions
Youth Indep Living
Domestic Abuse
Family Preserv & Support
Adol Preg Prevention
Teen Parent Init & Svc
Alliance for Drug Free Wis
Youth AODA Prevention
Hunger Prevention Prog
Migrant/Hispanic Svcs
Regulation of Day Care Programs, Group Foster Homes, CCIs and Child Welfare Programs
Coordinated Services Team Initiative

Division of Supportive Living

Mental Health and Council
Mental Hlth/AODA Redesign & Advisory Committee
Community Support Programs for Children w/Severe Mental Illness
Integrated Service Programs for Children w/Severe Emotional Disturbances
Developmental Disabilities
Birth-Three Program and Council
Children's Long-Term Care Redesign & Advisory Committee
Family Support Program
Katie Beckett Program
Substance Abuse, Addiction & Council
Intoxicated Driver Program
Synar (Youth Tobacco) WI Wins
Adult Day Care
Elder Abuse
Elderly/Senior Programs
Alzheimers Family Caregivers Support
Community Options Program
Community Integration Program
Brain Injury Waiver Program
Services for Persons w/Physical Disabilities & Council
Services for the Deaf & Hard of Hearing & Council
Services for the Blind & Visually Impaired & Council
Certification of Mental Health & AODA Progams
Regulation of Adult Family Homes, CBRFs Adult Day Care & Res. Care Apartment Complexes
Regulation of Nursing Homes
Regulation of Hospitals, Laboratories, etc.
Nurses Aide Training Registry
Caregiver Background Check Program
State SSI, Caregiver Supplement, SSI-E Program
Human Services Reporting System
State Independent Living Council
Wisconsin Council on Developmental Disabilities
Governor's Council on People w/Disabilities
Coordinated Service Team Initiative

Division of Care & Treatment Facilities

Mental Health Institutes
Centers for the Developmentally Disabled
Institution Food Service Mgmt
Forensic Services
Conditional/Supervised Release
Patient Rights & Grievances
Community Placements
Community Consultation
Quality Assurance

Division of Public Health

Public Health Epidemiology
Communicable Disease Surveillance and Prevention
Immunizations/Vaccines
AIDS/HIV/STD Programs
Health Hazard Evaluation
Disaster/Emergency Response
Environmental Health
Groundwater Standards
Air Quality
Fish Consumption Advice
Radiation Protection Programs
Occupational Health
Reproductive Health
Family Health
Infant Screening
Oral Health
Nutrition Information
Women, Infants, Children (WIC) Supplemental Food Program
Injury Prevention
Chronic Disease Prevention
Health Promotion
Comprehensive School Health
Tobacco Education
Primary Care
Health Professional Shortage Areas
Public Health Nursing
Women's Health
Minority Health
Rural Health
Sexual Assault Prevention
Licensing/Certification/Registration: Emergency Medical Services; Restaurants; Hotels/Motels; Bed & Breakfast Homes; Dairy Operations; Campgrounds; Public Swimming Pools/Whirlpools; Tattoo/Body Piercing; Lead/Asbestos Abatement; Tanning Beds; X-ray Equipment

Division of Health Care Financing

BadgerCare
Children Come First
Chronic Renal Disease
Coordination of Benefits
Decision Support System
Disability Determinations
Disability Hearings
Eligibility Policy and Waivers
Estate Recovery
Fee-for-Service Benefits Policy & Reimbursement
Fiscal Agent Liaison & Monitoring
Food Stamp Program
General Relief
Health Care Connections
Health Services Utilization Data
HIRSP
Hospital Rate Setting
Information Technology
Managed Care Programs
Medical Assistance
Medical Policy
MH/AODA Managed Care Projects
Milwaukee Wrap Around
Nursing Home Reimbursement
Outreach
PACE/Partnership
Population Health Data
Prior Authorization
Provider Audits
Provider Certirfication
Quality Assurance
Recipient Lock-In
Senior Care Prescription Program
Social Security & SSI Disability Determination
SSI HMO Program
SSI Medicaid Eligibility
State Data Exchange
Vital Records & Statistics
WisconCare
Wisconsin Medicaid Program

Division of Management & Technology

Personnel
Employment Relations
Reorganization Review
Training & Development
Affirmative Action/Civil Rights Compliance
Dept. Library
Employee Assistance
Health and Safety
Accounting
Purchasing
Collections
Engineering
Office Space
Telecommunications
Records & Forms Mgmt
Wisconsin Environmental Protection Act (WEPA) Coordination
Information Systems
Business Process Management